


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000065867	
1. Entity Name BENSON DEVELOPMENT, INC.	

Principal Place of Business 500 SOUTH BEACH ROAD HOBE SOUND, FL 33455	Mailing Address 500 SOUTH BEACH ROAD HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0620631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENSON, GERDA 500 SOUTH BEACH ROAD HOBE SOUND, FL 33455	
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000125493 04/22/04-80085-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENSON, JAMES 500 SOUTH BEACH ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENSON, RICK 152 BEACON LANE JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, SANDRA 48 PENNINGTON DR. UNIT B BLUFFTON, SC 29910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENSON, GERDA 500 SOUTH BEACH ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Gerda Benson</u> GERDA BENSON	Date <u>4-19-04</u>	Daytime Phone # <u>772-546-1762</u>
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