

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 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**



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0620631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENSON, GERDA
500 SOUTH BEACH ROAD
HOBE SOUND, FL 33455**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000323576
04/22/05-80060-006 150.00

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

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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)(i), 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: Gerda Benson **GERDA BENSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 772-546-1762
Date Daytime Phone #