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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90197 030 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000047191

1. Entity Name
BENJAMIN S. DINKINS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1524 SMITH ST. ORANGE PARK, FL 32073 US	1524 SMITH ST. ORANGE PARK, FL 32073 US

14004921

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1524 SMITH STREET		1524 SMITH STREET	
Suite, Apt. #, etc. SUITE 103		Suite, Apt. #, etc. SUITE 103	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32073	Country US	Zip 32073	Country US

4. FEI Number 59-3392547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DINKINS, BENJAMIN 1524 SMITH ST. ORANGE PARK, FL 32073	Name DINKINS, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 1524 SMITH STREET SUITE 103 City ORANGE PARK FL Zip Code 32073

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINKINS, BENJAMIN 1524 SMITH ST. ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINKINS, BENJAMIN 1524 SMITH STREET - SUITE 103 ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________ BENJAMIN DINKINS 4/27/05 (904) 545.8592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #