

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000020213

1. Entity Name

BENOIT WOODCRAFTERS, INC



Principal Place of Business

4530 63RD CIRCLE NORTH
PINELLAS PARK, FL 33781 US

Mailing Address

4530 63RD CIRCLE NO
PINELLAS PARK, FL 33781 US



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3433014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENOIT, ROSEMARY
4530 63RD CIRCLE NO
PINELLAS PARK, FL 33781

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BENOIT, ROSEMARY
STREET ADDRESS 4530 63RD CIR NO
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE VP
NAME BENOIT, RAYMOND D.
STREET ADDRESS 4530 63RD CIRCLE NO
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE D
NAME BENOIT, JOSEPH W.
STREET ADDRESS 4530 63RD CIRCLE NO
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #