2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000033816

1. Entity Name NICK BENJACOB ARCHITECT & GENERAL CONTRACTOR, INC.



FILED Feb 05, 2007 08:00 AN Secretary of State

Principal Place of Business

5906 BAYVIEW CIR GULFPORT, FL 33707 Mailing Address

5906 BAYVIEW CIR GULFPORT, FL 33707



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01112007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3438643

5. Certificate of Status Desired П

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENJACOB, NICK 5906 BAYVIEW CIR GULFPORT, FL 33707		DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, an	d accep
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registere	c Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP BENJACOB, NICK 5906 BAYVIEW CIR GULFPORT, FL 33707			U00000620776 02/03/07-80050-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO	NOT WRITE	

IN THIS SPACE

12.	. Thereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 is
	changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP