


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 023 ***150.00

DOCUMENT # P97000067818

1. Entity Name
CAROTHERS - BENEDICT & ASSOCIATES, INC.



Principal Place of Business Mailing Address

5104 ORANGE BLOSSOM TR 5104 ORANGE BLOSSOM TR
 STE 212 STE 212
 ORLANDO, FL 32810 ORLANDO, FL 32810

44000277



2. Principal Place of Business 3. Mailing Address

3463 Edgewood Dr *3463 Edgewood Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B *Suite B*

01052004 Chg-P CR2E034 (10/03)

City & State City & State

Orlando, FL *Orlando, FL*

Zip Country Zip Country

32804 *USA* *32804* *USA*

4. FEI Number Applied For

59-3467760 Not Applicable

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

6. Name and Address of Current Registered Agent

CAROTHERS, CARL
3936 EMERALD ESTATES CIRCLE
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | D <input type="checkbox"/> Delete BENEDICT, BRUCE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3365 MAXWELL DR | NAME | |
| STREET ADDRESS | MARIETTA, GA 30060 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete CAROTHERS, CARL | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3801 SEA ISLAND CT. | NAME | <i>Carothers, Carl</i> |
| STREET ADDRESS | ORLANDO, FL 32808 | STREET ADDRESS | <i>3936 Emerald Estates Cir.</i> |
| CITY-ST-ZIP | | CITY-ST-ZIP | <i>Apopka, FL 32703</i> |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *[Signature]* *1/4/04* *407-420-1136*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #