2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State
04-17-2008 90011 016 ***150.00

DOCUMENT # P97000075100

1. Entity Name
A. BENJAMIN, INC.

Principal Place of Business	Mailing Address
5800 BARNES ROAD, S. # 133 JACKSONVILLE, FL 32216	P.O. BOX 56971 JACKSONVILLE, FL 32216

04/17/08 90011 016 *150.00

04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3478128
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAMIN, ANNE M
~~5800 BARNES ROAD, S.~~ 5846 Mount Carmel Gardens
~~APT 133~~ Apt. 1312
JACKSONVILLE, FL 32216

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRES
NAME	BENJAMIN, ANNE M
STREET ADDRESS	~~5800 BARNES ROAD, S # 133~~ 5846 Mount Carmel Gardens Apt. 1312
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
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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: Anne M Benjamin 6-11-08 904-443-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anne M Benjamin

ATTACHMENT

6160/4283

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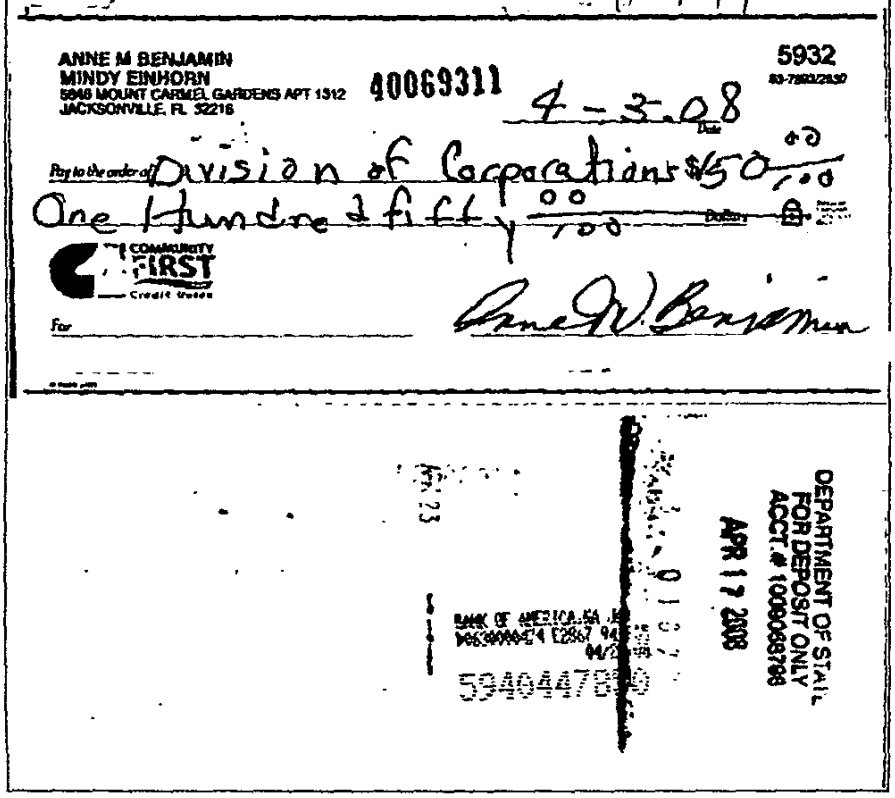
Community First - check image display

One moment while the image is retrieved...



This check was deposited by the Department of State April 17