## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000083958

Title:

Name:

Address:

City-St-Zip:

Entity Name: TED BENEDIX PLUMBING, INC

FILED Apr 29, 2005 Secretary of State

Thirty items. The Belivebox Legislation, investigation	
Current Principal Place of Business:	New Principal Place of Business:
11940 OLD ACOSTA ROAD JACKSONVILLE, FL 32223	11940 ACOSTA ROAD JACKSONVILLE, FL 32223
Current Mailing Address:	New Mailing Address:
11940 OLD ACOSTA ROAD JACKSONVILLE, FL 32223	11940 ACOSTA ROAD JACKSONVILLE, FL 32223
FEI Number: 59-3470941 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BENEDIX, EDWARD 11940 OLD ACOSTA ROAD JACKSONVILLE, FL 32223 US	BENEDIX, EDWARD 11940 ACOSTA ROAD JACKSONVILLE, FL 32223 US
The above named entity submits this statement for the in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	04/29/2005
Electronic Signature of Registered A	gent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: PTD ( ) Delete Name: BENEDIX, EDWARD Address: 11940 OLD ACOSTA ROAD City-St-Zip: JACKSONVILLE, FL 32223	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: SD ( ) Delete Name: BENEDIX, GWENDOLYN Address: 11940 OLD ACOSTA ROAD City-St-Zip: JACKSONVILLE, FL 32203	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VP ( ) Delete Name: BENEDIX, DENNIS L	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

TREA

( ) Change (X) Addition

BENEDIX, EDWARD C TREASUR

JACKSONVILLE,, FL 32256

9645 BAY MEADOWS RD. APT 829

SIGNATURE: EDWARD H. BENEDIX 3RD PTD 04/29/2005

( ) Delete