## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000031834

Name:

Address:

City-St-Zip:

Entity Name: BENCHMARK CONTRACT MANAGEMENT, INC.

FILED Jan 19, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 100	REST AVENUE DOD, FL 3275		SUIT	BENNETT DRIVE E 121 GWOOD, FL 327		
Current Mailing Address:				New Mailing Address:		
SUITE 100	EST AVENUE ) OOD, FL 3275		SUIT	BENNETT DRIVE E 121 GWOOD, FL 327		
FEI Number	: 59-3507706	FEI Number Applied For (	) FEI Number N	ot Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
350 LAKE MAITLANI The above	N, MICHAEL C SEMINARY C D, FL 32751 e named entity e of Florida.	RCLE	the purpose of char	iging its registered	d office or registered agent, or both,	
SIGNATU						
OIOIVATO		nic Signature of Registered	d Agent		 Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HARRISON, M	MINARY CIRCLE	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRASHEARS,	BRIDGE DRIVE	Title: Name Addre City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BLACKBURN, 575 QUEENSE LAKE MARY, I	BRIDGE DR.	Title: Name Addre City-S	ss:	() Change () Addition	
Title:	(	) Delete	Title:	SEC	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

HARRISON, JANE D

MAITLAND, FL 32751

360 LAKE SEMINARY CIRCLE

SIGNATURE: MICHAEL J. HARRISON P 01/19/2004