


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90043 031 \*\*\*150.00

DOCUMENT # P98000057709			
1. Entity Name BENJI & GLENJI, INC.			
Principal Place of Business 2430 SHADOWLAWN DRIVE SUITE 7 NAPLES, FL 34112		Mailing Address 2430 SHADOWLAWN DRIVE SUITE 7 NAPLES, FL 34112	
2. Principal Place of Business 9696 BONITA BEACH RD SUITE 207 BONITA SPRINGS, FL		3. Mailing Address 9696 BONITA BEACH RD SUITE 207 BONITA SPRINGS, FL	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34135		Zip 34135	
Country		Country	
4. FEI Number 59-3518123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTON, GLENN A 2430 SHADOWLAWN DRIVE SUITE 7 NAPLES, FL 34112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9696 BONITA BEACH RD SUITE 207 City BONITA SPRINGS FL Zip Code 34135	
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 _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, GLENN A 2430 SHADOWLAWN DRIVE, SUITE 7 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON, GLENN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9696 BONITA BEACH RD STE 207 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUGHAM, BENEDICT A 2430 SHADOWLAWN DRIVE, SUITE 7 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROUGHAM, BENEDICT A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9696 BONITA BEACH RD STE 207 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employed.			
SIGNATURE: <u>GLENN A. MORTON</u>		Date: <u>1/17/04</u> Daytime Phone #: <u>239-444-1433</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			