


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90032 033 \*\*\*150.00

<b>DOCUMENT # P98000057709</b>	
1. Entity Name <b>'BENJI &amp; GLENJI, INC.</b>	

Principal Place of Business <b>9696 BONITA BEACH RD SUITE 207 BONITA SPRINGS FL 34135</b>	Mailing Address <b>9696 BONITA BEACH RD SUITE 207 BONITA SPRINGS FL 34135</b>
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2. Principal Place of Business <b>3756 BONITA BEACH RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>3756 BONITA BEACH RD</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>BONITA SPRINGS FL</b>	City & State <b>BONITA SPRINGS FL</b>
Zip <b>34134</b>	Zip <b>34134</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3518123</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORTON, GLENN A 9696 BONITA BEACH RD SUITE 207 BONITA SPRINGS FL 34135</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3756 BONITA BEACH RD</b> City <b>BONITA SPRINGS FL</b> Zip Code <b>34134</b>	
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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 **3/22/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D MORTON, GLENN A 9696 BONITA BEACH RD STE 207 BONITA SPRINGS FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D BROUGHAM, BENEDICT A 9696 BONITA BEACH RD STE 207 BONITA SPRINGS FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3756 BONITA BEACH RD BONITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3756 BONITA BEACH RD BONITA SPRINGS FL 34134</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **3/22/06** DAYTIME PHONE # **239-992-4040 EX 4**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR