

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2008 90016 003 ***150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

DOCUMENT # P98000057709					
1. Entity Name BENJI & GLENJI, INC.					
Principal Place of Business 3756 BONITA BEACH RD BONITA SPRINGS FL 34134			Mailing Address 3756 BONITA BEACH RD BONITA SPRINGS FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3518123	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTON, GLENN A 3756 BONITA BEACH RD BONITA SPRINGS FL 34134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 constituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR, V.PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORTON, GLENN A	NAME	SEC., TREAS.		
STREET ADDRESS	3756 BONITA BEACH RD	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROUGHAM, BENEDICT A	NAME			
STREET ADDRESS	3756 BONITA BEACH RD	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D BROUGHAM, ALBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	3756 BONITA BEACH RD		
STREET ADDRESS		STREET ADDRESS	BONITA SPRINGS, FL 34134		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 lines empowered.					
SIGNATURE <i>Glenn A Morton V. Pres.</i>			Date <i>2/20/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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