

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000059588

1. Entity Name  
BENJAMIN COMPUTER SERVICES, INC.



Principal Place of Business  
802 WEDGEWOOD LANE  
ASHEVILLE, NC 28803

Mailing Address  
802 WEDGEWOOD LANE  
ASHEVILLE, NC 28803

2. Principal Place of Business  
**333 Angeline Drive**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 706**

Suite, Apt. #, etc.

City & State  
**fletcher NC**

Zip  
**28732**

City & State  
**Fletcher NC**

Zip  
**28732-0706**

4. FEI Number  
**65-0848587**

Applied For  
Not Applicable

Country  
**USA**

Country  
**USA**

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENJAMIN, JOHN A JR.  
SALINA ACCOUNTING & TAX SERVICE  
1695 FL MANGO RD. #2  
WEST PALM BEACH, FL 33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
BENJAMIN, JOHN A JR.  
802 WEDGEWOOD LANE  
ASHEVILLE, NC 288031882

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**333 Angeline Drive  
Fletcher NC 28732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
BENJAMIN, RAE-ANN  
802 WEDGEWOOD LANE  
ASHEVILLE, NC 288031882

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**333 Angeline Drive  
Fletcher NC 28732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 empowered.

**SIGNATURE: Rae-Anne Benjamin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/04 (828) 890-5125**

Date

Daytime Phone #

**FILED  
Feb 26, 2004 8:00 am  
Secretary of State**

02-26-2004 90017 034 \*\*\*150.00

**44014217**



01052004 Chg-P CR2E034 (10/03)