


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000059588 1. Entity Name BENJAMIN COMPUTER SERVICES, INC.		
Principal Place of Business 333 ANGELINE DRIVE FLETCHER, NC 28732	Mailing Address P.O. BOX 706 FLETCHER, NC 28732	
DO NOT WRITE IN THIS SPACE		
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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BENJAMIN, JOHN A JR. 333 ANGELINE DRIVE FLETCHER, NC 28732	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENJAMIN, RAE-ANN 333 ANGELINE DRIVE FLETCHER, NC 28732	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>John A. Benjamin - President</i> 1/6/06 828 890-5125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0848587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/10/06-80019-006 150.00

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