

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
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**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0848587** Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BENJAMIN, JOHN A JR.
STREET ADDRESS	333 ANGELINE DRIVE
CITY-ST-ZIP	FLETCHER, NC 28732
TITLE	VP
NAME	BENJAMIN, RAE-ANN
STREET ADDRESS	333 ANGELINE DRIVE
CITY-ST-ZIP	FLETCHER, NC 28732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80105-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Rae-Ann Benjamin Rae-Ann Benjamin 3/20/07 828 890-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #