

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009851

**FILED**  
**Mar 22, 2006**  
**Secretary of State**

**Entity Name:** JENNIFER L. BENGTSON, P.A.

**Current Principal Place of Business:**

351 WEST TENTH AVENUE  
MT DORA, FL 32757

**New Principal Place of Business:**

411 NORTH DONNELLY STREET  
SUITE 201  
MT DORA, FL 32757

**Current Mailing Address:**

351 WEST TENTH AVENUE  
MT DORA, FL 32757

**New Mailing Address:**

411 NORTH DONNELLY STREET  
SUITE 201  
MT DORA, FL 32757

**FEI Number:** 36-4278232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BENGTSON, JENNIFER L  
351 W 10TH AVE  
MT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENGTSON, JENNIFER  
Address: 351 W 10TH AVE  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JENNIFER L. BENGTSON

PD

03/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date