2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# S12004

Entity Name: BENU SERVICE CO.

Current Principal Place of Business:

223 S PARRAMORE AVE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

223 S PARRAMORE AVE
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 59-3034927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGE, THOMAS M., SR.
7983 LAKE NELLIE RD
CLERMONT, FL 34714 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: HAGE, THOMAS M., SR.,
Address: 7985 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34714

Title: VP ( ) Delete
Name: STEVENS, BILLY RAY
Address: 2195 PARRAMORE AVE, APT 5A
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HAGE, ROXANNE
Address: 79885 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34714

Title: VP ( ) Change (X) Addition
Name: LEHNEN, ALLISON
Address: 257 OTTER TRAIL CT
City-St-Zip: OCOEE, FL 34761

Title: S/T ( ) Change (X) Addition
Name: HAGE, THOMAS M
Address: 79885 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS M HAGE SR PD 04/18/2008
Electronic Signature of Signing Officer or Director Date