

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12004

Entity Name: BENU SERVICE CO.

FILED
Apr 28, 2009
Secretary of State

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: HAGE, ROXANNE
Address: 79885 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34714

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date