


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V04737 1. Entity Name BENJAMIN FARMS CO.	
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Principal Place of Business 4150 SW 11TH PLACE VERO BCH, FL 32968 US	Mailing Address 4150 SW 11TH PLACE VERO BCH, FL 32968 US
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DO NOT WRITE IN THIS SPACE



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3131068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KROMHOUT, ALEXANDER 4150 SW 11TH PLACE VERO BEACH, FL 32968
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000078039 03/08/04-80011-020 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSTER, CHARLOTTE K. 4150 SW. 11TH PL VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KOSTER, JAN 4150 SW 11TH PLACE VERO BEACH, FL 329684835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KROMHOUT, ALEXANDER 4150 SW 11TH PLACE VERO BEACH, FL 329684835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 **572-562-0348**
Date Daytime Phone #

722-427-2758