## 2005 FOR PROFIT CORPORATION

## **FILED** $\mathbf{AM}$

ANNUAL REPORT				Feb 24, 2005 08:00 A	
DOCUMENT # V04737				Secretary of State	
Entity Nan BENJAM	IN FARMS CO.	<u> </u>			
			To the state of th		
Principal Plac	ce of Business	Mailing Address		1	
4150 SW 11 VERO BCH,		4150 SW 11TH PLACE VERO BCH, FL 32968 US			
VERO DUII,	FL 32300 . U3	VENO BOILTE 32300 03			
			<u> </u>		
				02172005	No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE		
			_	4. FEI Numb	
				5. Certificate	of Status Desired # \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Ţ <u> </u>	·	
KROMHOUT, ALEXANDER				DO	NOT WRITE
4150 SW 11TH PLACE VERO BEACH, FL 32968		•	{		
				111	THIS SPACE
			<u> </u>		
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 THE Alexander Kromhaut ILP. = 2/18/05					
	Signature, typed or printed name of registered agent an	d little II applicable (NOTE, Register	ed Agent signal are tequited	d when reinstaling)	J DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees	U00000241188 02/24/05-80033-020 158.75
10.	OFFICERS AND D		<del>r'</del>	<del></del>	DZ7247U3-8UU33-UZU 130.13
TITLE	P	ALEQUOTO .	1		
NAME STREET ADDRESS	KOSTER, CHARLOTTE K. 4150 SW. 11TH PL		ł		
CITY-ST-ZIP	VERO BEACH, FL	ے <u>منگری اور اور اور اور اور اور اور اور اور اور</u>	_		· · · · · ·
TITLE NAME	VPS KOSTER, JAN	<u></u>	Į.		
STREET ADDRESS	4150 SW 11TH PLACE		}		
CITY-ST-ZIP	VERO BEACH, FL 329684835	- <u></u>	-{		
NAME	KROMHOUT, ALEXANDER	•	ł		
STREET ADDRESS CITY-ST-ZIP	4150 SW 11TH PLACE VERO BEACH, FL 329684835	-		DO	NOT WRITE
TITLE		<u></u>	1	IN .	THIS SPACE
NAME STREET ADDRESS			1	•••	IIIO OI AOL
CITY-ST-ZIP		<u></u>	<u>.</u>		•
TITLE NAME			1		
STREET ADDRESS					
CITY-ST-ZIP		<u>, 76 .</u>	1		
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					
0111-21-21F					

12. I hereby certify that the information supplied with this filling 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 MAD TIPED OR BEINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 772-475-