

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 619282

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** BENEFITS & PLANNING, INC.

**Current Principal Place of Business:**

1 NORTH TUTTLE AVE  
SUITE 5  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 59-1969802

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LPS CORPORATE SERVICES, INC.  
46 NORTH WASHINGTON BOULEVARD  
SUITE 1  
SARASOTA, FL 34236 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: TOLLERTON, JAMES B  
Address: P.O. BOX 1079  
City-St-Zip: SARASOTA, FL 34230

Title: DVS  
Name: COLLINS, TAYLOR T  
Address: BOX 1079  
City-St-Zip: SARASOTA, FL 34230

I hereby 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 all other like empowered.

SIGNATURE: TAYLOR TOLLERTON COLLINS

DVS

01/04/2011

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

\_\_\_\_\_  
Date