


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005777

1. Entity Name
CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC.



Principal Place of Business
**600 VESTAVIA PARKWAY, SUITE 160
 BIRMINGHAM, AL 35216**

Mailing Address
**600 VESTAVIA PARKWAY, SUITE 160
 BIRMINGHAM, AL 35216**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1116312

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON STREET
 TALLAHASSEE, FL 32301-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**U00000116446
 04/16/04-80065-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOUSHEE, RAYMOND L
STREET ADDRESS	2412 5TH PLACE N.W.
CITY - ST - ZIP	BIRMINGHAM, AL 35215
TITLE	VST
NAME	REASONOVER, VICKEY
STREET ADDRESS	3056 QUEENSTOWN ROAD
CITY - ST - ZIP	TRUSSVILLE, AL 35173
TITLE	CD
NAME	GORMAN, LEON R
STREET ADDRESS	1420 BRANCHWATER CIRCLE
CITY - ST - ZIP	BRIMINGHAM, AL 35216
TITLE	D
NAME	GORMAN, RANDY
STREET ADDRESS	3613 MOUNTAIN LANE
CITY - ST - ZIP	MOUNTAIN BROOK, AL 35213
TITLE	D
NAME	WHITEHEAD, LARRY
STREET ADDRESS	2528 DOLLY RIDGE ROAD
CITY - ST - ZIP	BIRMINGHAM, AL 35243
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)(l), 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: Vickey Reasonover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/14/04

Daytime Phone #: 205-979-9110