


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 023 ***150.00

DOCUMENT # F02000005777					
1. Entity Name CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC.					
Principal Place of Business 410 E PARK DR 1100 E Park Dr. 301 BIRMINGHAM, AL 35235		Mailing Address 410 E PARK DR 1100 E Park Dr. 301 BIRMINGHAM, AL 35235			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-1116312	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOUSHEE, RAYMOND L		NAME		
STREET ADDRESS	2412 5TH PLACE N.W.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35215		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REASONOVER, VICKEY		NAME		
STREET ADDRESS	3056 QUEENSTOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TRUSSVILLE, AL 35173		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORMAN, LEON R		NAME		
STREET ADDRESS	1420 BRANCHWATER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BRIMINGHAM, AL 35216		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLOTT, GIP		NAME		
STREET ADDRESS	1407 MORNINGSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35213		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEHEAD, LARRY		NAME		
STREET ADDRESS	2528 DOLLY RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



03152006 Chg-P CR2E034 (11/05)

\$8.75 Additional Fee Required

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3/15/06 205/836-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #