

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067289

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** EMPLOYEE BENEFITS INSURANCE AND SERVICES INC

**Current Principal Place of Business:**

1412 ROYAL PALM SQUARE BLVD., UNIT 101  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1412 ROYAL PALM SQUARE BLVD., UNIT 101  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 59-3653704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VERTICH, MARK T  
1412 ROYAL PALM SQUARE BLVD., UNIT 101  
FORT MYERS, FL 33919 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: PVTS  
Name: VERTICH, MARK T  
Address: 1412 ROYAL PALM SQUARE BLVD., UNIT 101  
City-St-Zip: FORT MYERS, FL 33919

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: MARK T VERTICH

PRES

02/17/2012

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

\_\_\_\_\_ Date