

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029752

Entity Name: FLEXIBLE BENEFITS, INC.

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

2706 HORSESHORE DR S
SUITE 228
NAPLES, FL 34104

Current Mailing Address:

2706 HORSESHORE DR S
SUITE 228
NAPLES, FL 34104

New Principal Place of Business:

5051 CASTELLO DRIVE
SUITE 212
NAPLES, FL 34103 US

New Mailing Address:

5051 CASTELLO DRIVE
SUITE 212
NAPLES, FL 34103 US

FEI Number: 65-1085134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACOSTE, CLAUDE
2706 HORSESHOE DR S
SUITE 228
NAPLES, FL 34104

Name and Address of New Registered Agent:

LACOSTE, CLAUDE
5051 CASTELLO DRIVE
SUITE 212
NAPLES, FL 34103 US

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:

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACOSTE, CLAUDE
Address: 2706 HORSESHOE DR S SUITE 228
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: LACOSTE, ANN D
Address: 2706 HORSESHOE DR S SUITE 228
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LACOSTE, CLAUDE
Address: 5051 CASTELLO DRIVE, SUITE 212
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Change () Addition
Name: LACOSTE, ANN D
Address: 5051 CASTELLO DRIVE, SUITE 212
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLAUDE LACOSTE

D

03/30/2004

Electronic Signature of Signing Officer or Director

Date