

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K75645

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**2928978784CC**

**Entity Name:** EMPLOYEE BENEFIT CONSULTANTS OF FLORIDA, INC.

**Current Principal Place of Business:**

2244 SE MEADOW GLN  
STUART, FL 34997

**Current Mailing Address:**

PO BOX 747  
STUART, FL 34995-0747 US

**FEI Number:** 65-0103612

**Certificate of Status Desired:** No

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

ZIKE, ROBERT J  
2244 SE MEADOW GLEN  
STUART, FL 34997 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	ZIKE, ROBERT JPRES	Name	ZIKE, JILL
Address	2244 SE MEADOW GLEN BLVD	Address	2244 SE MEADOW GLN
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

*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:** ROBERT J ZIKE

**PRESIDENT**

**01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date