

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038718

**Entity Name:** EMPOYEE BENEFITS INC.

**Current Principal Place of Business:**

P. O. BXO 2032  
LARGO, FL 33779

**Current Mailing Address:**

P. O. BOX 2032  
LARGO, FL 33779 US

**FEI Number:** 59-3185268

**Certificate of Status Desired:** No

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

BOLEK, RICHARD A  
6137 ROCKROSS AVE.  
NEWPORT RICHEY, FL 34655 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  
Name VELLARDITA, DENNIS  
Address 12925 129TH AVE. N  
City-State-Zip: LARGO FL 33774

*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:** DENNIS VELLARDITA

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date