

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90072 040 \*\*\*150.00

**DOCUMENT # 412651**

1. Entity Name

FRINGE BENEFIT PLANS, INC.



Principal Place of Business

305 DOUGLAS AVENUE  
ALTAMONTE SPRGS FL 32714

Mailing Address

305 DOUGLAS AVENUE  
ALTAMONTE SPRGS FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2211 Lee Rd Suite 100

Suite, Apt. #, etc.

2211 Lee Rd Suite 100

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2078951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOREMAN, STEPHEN F.  
305 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Douglas C. Foreman

Street Address (P.O. Box Number is Not Acceptable)

2211 Lee Rd., Suite 100

Winter Park, FL 32789

City

Winter Park

FL

Zip Code

32789

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

*Doug Foreman*

Douglas C Foreman CEO

1/19/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete  
NAME FOREMAN, STEPHEN F  
STREET ADDRESS 1940 SUMMERLAND AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE CEO ☐ Delete  
NAME FOREMAN, DOUGLAS C.  
STREET ADDRESS 1340 MAGNOLIA BAY CT  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Doug Foreman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

409 862-5900

Daytime Phone #