


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005777**

1. Entity Name  
**CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC.**



Principal Place of Business <b>600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216</b>	Mailing Address <b>600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216</b>
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03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-1116312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**U00000116446  
04/16/04-80065-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOUSHEE, RAYMOND L 2412 5TH PLACE N.W. BIRMINGHAM, AL 35215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST REASONOVER, VICKEY 3056 QUEENSTOWN ROAD TRUSSVILLE, AL 35173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GORMAN, LEON R 1420 BRANCHWATER CIRCLE BRIMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORMAN, RANDY 3613 MOUNTAIN LANE MOUNTAIN BROOK, AL 35213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHEAD, LARRY 2528 DOLLY RIDGE ROAD BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Vickey Reasonover **4/14/04** **2004-979-9116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #