


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 022 ***150.00

DOCUMENT # F02000005777			
1. Entity Name CONFEDERATED EMPLOYERS & BENEFITS COMPANY, INC.			
Principal Place of Business 600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216		Mailing Address 600 VESTAVIA PARKWAY, SUITE 160 BIRMINGHAM, AL 35216	
2. Principal Place of Business <i>1100 E. Park Dr.</i> Suite, Apt. #, etc. <i>301</i>		3. Mailing Address <i>1100 E. Park Dr.</i> Suite, Apt. #, etc. <i>301</i>	
City & State <i>Birmingham, AL</i>		City & State <i>Birmingham, AL</i>	
Zip <i>35235</i>		Zip <i>35235</i>	
Country		Country	
4. FEI Number 63-1116312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUSHEE, RAYMOND L 2412 5TH PLACE N.W. BIRMINGHAM, AL 35215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST REASONOVER, VICKEY 3056 QUEENSTOWN ROAD TRUSSVILLE, AL 35173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORMAN, LEON R 1420 BRANCHWATER CIRCLE BRIMINGHAM, AL 35216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, RANDY 3613 MOUNTAIN LANE MOUNTAIN BROOK, AL 35213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Gip Plott 1407 Morningside Dr. Birmingham, AL 35213</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, LARRY 2528 DOLLY RIDGE ROAD BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Vickey Reasonover</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/4/05</i> <i>205-836-2313</i> <small>Date Daytime Phone #</small>	