

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006402

FILED
Jan 17, 2005
Secretary of State

Entity Name: INSURANCE BENEFIT CONSULTANTS, INC.

Current Principal Place of Business:

2026 EVENTIDE DRIVE
MILTON, FL 32583

New Principal Place of Business:

3230 KEATING ROAD
PENSACOLA, FL 32504

Current Mailing Address:

2026 EVENTIDE DRIVE
MILTON, FL 32583

New Mailing Address:

3230 KEATING ROAD
PENSACOLA, FL 32504

FEI Number: 58-1614603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, NANCY M
2026 EVENTIDE DRIVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

TURNER, NANCY M
3230 KEATING ROAD
PENSACOLA, FL 32504 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: NANCY M. TURNER

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: TURNER, NANCY M
Address: 2026 EVENTIDE DRIVE
City-St-Zip: MILTON, FL 32583

Title: CP () Delete
Name: TURNER, GEORGE M
Address: 2026 EVENTIDE DR.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: TURNER, NANCY M
Address: 3230 KEATING ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: CP (X) Change () Addition
Name: TURNER, GEORGE M
Address: 3230 KEATING ROAD
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE M. TURNER

CP

01/17/2005

Electronic Signature of Signing Officer or Director

Date