

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90069 048 \*\*\*150.00

**DOCUMENT # F05000003637**

1. Entity Name  
**PREFERRED BENEFITS ADMINISTRATOR, INC.**



Principal Place of Business  
**8535 E. 21ST STREET N  
WICHITA, KS 67206**

Mailing Address  
**8535 E. 21ST STREET N  
WICHITA, KS 67206**

40111630



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number  
**06-1665698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **JOHN VINTON LENTELL**  
CITY-ST-ZIP **105 N. MAIN  
WICHITA, KS 67202**

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

TITLE ☒ Delete  
NAME **VC**  
STREET ADDRESS **PATRICIA LOUISE ELRICK**  
CITY-ST-ZIP **3595 N. WEBB RD.  
WICHITA, KS 67226**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Bruce Witt**  
CITY-ST-ZIP **8535 E 21st STREET NORTH  
WICHITA, KS 67206**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KEVIN PATRICK CONLIN**  
CITY-ST-ZIP **3720 E. BAYLEY  
WICHITA, KS 67218**

TITLE ☒ Change ☐ Addition  
NAME **VC**  
STREET ADDRESS **KEVIN PATRICK CONLIN**  
CITY-ST-ZIP **3720 E. BAYLEY  
WICHITA, KS 67218**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MARLON ROYCE DAUNER**  
CITY-ST-ZIP **8535 E 21ST STREET NORTH  
WICHITA, KS 67206**

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

TITLE ☐ Delete  
NAME **CFO**  
STREET ADDRESS **TODD RENE KASITZ**  
CITY-ST-ZIP **8535 E 21ST STREET NORTH  
WICHITA, KS 67206**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **TODD RENE KASITZ**  
CITY-ST-ZIP **8535 E 21st STREET NORTH  
WICHITA, KS 67206**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BRADLEY JAY CLOTHIER**  
CITY-ST-ZIP **8535 E 21ST STREET NORTH  
WICHITA, KS 67206**

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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07  
Date

316-609-2367  
Daytime Phone #