

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F77598

1. Entity Name

EXECUTIVE & BUSINESS BENEFITS, INC.



FILED
Apr 03, 2006 08:00 AM
Secretary of State



Principal Place of Business

3001 ALOMA AVE
STE 219
WINTER PARK FL 32789
US

Mailing Address

3001 ALOMA AVE
STE 219
WINTER PARK FL 32792
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3057652

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

ARNALL, FRANK M.
3001 ALOMA AVE.
STE. 219
ORLANDO FL 32792

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, 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 ☐ Delete
NAME D
STREET ADDRESS DICKSON, BESS
CITY-STATE-ZIP 221 BUGLE CALL
FORNEY TX 75126

TITLE ☐ Delete
NAME DS
STREET ADDRESS ARNALL, SUSAN H.
CITY-STATE-ZIP 5743 ROCKINGHORSE RD
ORLANDO FL

TITLE ☐ Delete
NAME DP
STREET ADDRESS ARNALL, FRANK M.
CITY-STATE-ZIP 5743 ROCKINGHORSE RD
ORLANDO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS FOSTER, OUIDA A
CITY-STATE-ZIP 730 N PLANKINTON AVE, LOFT 9A
MILWAUKEE WI 53203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS UN00000489888
CITY-STATE-ZIP 04/18/06-80033-008 150.00

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Frank Arnall Frank Arnall, President 3-29-06