

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 001 ***150.00

DOCUMENT # F77598

1. Entity Name
EXECUTIVE & BUSINESS BENEFITS, INC.



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**

40054450



2. Principal Place of Business - No P.O. Box #
1475 Lake Baldwin Lane
Suite, Apt. #, etc.
Suite A
City & State
Orlando FL
Zip
32814 Country
USA

3. Mailing Address
1475 Lake Baldwin Lane
Suite, Apt. #, etc.
Suite A
City & State
Orlando FL
Zip
32814 Country
USA

03232007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1475 A Lake Baldwin Lane
City
Orlando FL Zip Code
32814

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 **Frank Arnall** DATE **3-23-07**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, BESS 221 BUGLE CALL FORNEY, TX 75126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARNALL, SUSAN H. 5743 ROCKINGHORSE RD ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARNALL, FRANK M. 5743 ROCKINGHORSE RD ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, OUIDA A 730 N PLANKINTON AVE, LOFT 9A MILWAUKEE, WI 53203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Arnall, Susan H. 1475 B Lake Baldwin Ln. Orlando FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Arnall, Frank M. 1475 B Lake Baldwin Lane Orlando FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: **Frank Arnall** DATE **3-23-07** DAYTIME PHONE # **407-898-3863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR