

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F77598**

1. Entity Name  
**EXECUTIVE & BUSINESS BENEFITS, INC.**



Principal Place of Business  
**1475 LAKE BALDWIN LANE  
SUITE A  
ORLANDO, FL 32814 US**

Mailing Address  
**1475 LAKE BALDWIN LANE  
SUITE A  
ORLANDO, FL 32814 US**



02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
1475 A LAKE BALDWIN LANE  
ORLANDO, FL 32814**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARNALL, SUSAN H. 1475 A LAKE BALDWIN LN ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARNALL, FRANK M. 1475 A LAKE BALDWIN LANE ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, OUIDA A 730 N PLANKINTON AVE, LOFT 9A MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000879514  
04/15/08-80021-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Susan H. Arnall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-1-08*  
Date

*407-898-3863*  
Daytime Phone #