

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003867

1. Entity Name
BENEFIT SERVICES, INC. OF OHIO



Principal Place of Business
**3636 COPLEY ROAD
PO BOX 4138
COPLEY, SUMMIT COUNTY, OH 44321**

Mailing Address
**3636 COPLEY ROAD
PO BOX 4138
AKRON, OH 44321 US**



03152006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1785445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT C SR
5220 BRITTANY DRIVE
SUITE 5 AP 304
SAINT PETERSBURG, FL 33715**

**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 _____ DATE _____
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, 2006 Fee will be \$550.00**

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

**000000481589
04/11/06-80038-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCFO
FRAZIER, ROBERT C SR
5220 BRITTANY DR, STE 5 APT 304
SAINT PETERSBURG, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRAZIER, CONSTANCE M PD
3286 EDINGTON ROAD
FAIRLAWN, OH 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEV
NEWBAUER, JEROME
1479 KARL DRIVE
AKRON, OH 44321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FRAZIER, KATHLEEN M
4432 RIDGEWOOD ROAD
AKRON, OH 44321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCDV
FRAZIER, ROBERT C JR
22349 LA PALMA AVE, #D-110
YORBA LINDA, CA 92687**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Robert C. Frazier* **ROBERT C. FRAZIER 03/22/06 330-666-0337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #