

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

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

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

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 92887

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000686211
04/03/07-80036-010 150.00

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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** 03/26/07 330-666-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #