## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2004 08:00 AM Secretary of State **DOCUMENT # F97000003241** COMMERCE BENEFITS GROUP AGENCY, INC. Principal Place of Business Mailing Address 33479 LAKE RD. 33479 LAKE RD. AVON LAKE, OH 44012 AVON LAKE, OH 44012 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1816804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALONEY, JOHN J ESQ DO NOT WRITE 3663 CENTRAL AVENUE ST PETERSBURG, FL 33713 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable U00000059769 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 02/23/04-80013-004 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATTON, THOMAS J NAME STREET ADDRESS 33479 LAKE RD. AVON LAKE, OH 44012 CITY-ST-ZIP TITLE ST PATTON, THOMASINA B NAME STREET ADDRESS 33479 LAKE RD. AVON LAKE, OH 44012 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINT OF SIGNING OFFICER OR DIRECTOR

<u>2/17/04</u>

FILED