

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003375

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: MIDWEST BENEFITS SYSTEMS, INC.

**Current Principal Place of Business:**

1303 COBIA COURT  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1303 COBIA COURT  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 35-1432514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, BYRON  
1303 COBIA COURT  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEADE, BYRON  
Address: 1303 COBIA COURT  
City-St-Zip: NAPLES, FL 34102 US

Title: V  
Name: MEADE, JOLENE  
Address: 1303 COBIA COURT  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOLENE MEADE

VP

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date