

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002762

1. Entity Name
SELECT BENEFITS GROUP, INC.



Principal Place of Business
**65 E. WADSWORTH PARK DRIVE
SUITE 202
DRAPER, UT 84020**

Mailing Address
**65 E. WADSWORTH PARK DRIVE
SUITE 202
DRAPER, UT 84020**



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0482115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS INC.
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303**

**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, 2004 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	PCEO WILLIAMS, BRENT G 65 E. WADSWORTH PARK DRIVE DRAPER, UT 84020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVGEDE, CHARLES C 65 E. WADSWORTH PARK DRIVE DRAPER, UT 84020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWLBY, ROCKLAND G 65 E. WADSWORTH PARK DRIVE DRAPER, UT 84020
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/01/04-90001-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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: **3/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 **(800) 999 9789**
Date Daytime Phone #