## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F99000002762

1. Entity Name

SELECT BENEFITS GROUP, INC.



Principal Place of Business

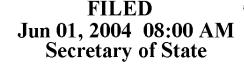
65 E. WADSWORTH PARK DRIVE

SUITE 202 DRAPER, UT 84020 Mailing Address

65 E. WADSWORTH PARK DRIVE

**SUITE 202** 

DRAPER, UT 84020





02092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 87-0482115 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

				H	IIIIO OI AOL
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			Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign  Yrust Fund Contrib			cing	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	CTORS		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WILLIAMS, BRENT G 65 E. WADSWORTH PARK DRIVE DRAPER, UT 84020				06/01/04-90001-001 150.00
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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ASSINESS					

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 preferred 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 trustge simpowered to effect 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 appliadress, with all offset like impowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/3/104

(200) 9999789