2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003815

1. Entity Name
THE CHURCHILL BENEFIT CORPORATION

Principal Place of Business	Mailing Address
100 E. LINTON BLVD., STE. 401-A DELRAY BEACH, FL 33483	100 E. LINTON BLVD., STE. 401-A DELRAY BEACH, FL 33483

02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2747692
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAHR, WILLIAM
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAHR, KARINA
STREET ADDRESS	100 E. LINTON BLVD., STE. 401-A
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VD
NAME	BAHR, WILLIAM
STREET ADDRESS	100 E. LINTON BLVD., STE. 401-A
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	STD
NAME	MCCANN, RICHARD
STREET ADDRESS	100 E. LINTON BLVD., STE. 401-A
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80017-022 150.00

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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: _____ COO 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM BAHR