2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90032 032 ***150.00

DOCUMENT # H28774

1. Entity Name

VOLUNTARY EMPLOYEE BENEFITS ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
578 RYANS WOODS LANE PALM HARBOR FL 34683 US	334 E. LAKE RD. 311 PALM HARBOR FL 33557 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
610 W. Swann Ave.	701 So. Howard Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 106-340
City & State: Tampa, Fl.	City & State: Tampa, Fl.
Zip 33606 Country USA ~~Hillsborough~~	Zip 33606 Country USA

4. FEI Number 59-2467506 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNIS R. OLDEN
334 E. LAKE ROAD, SUITE 311
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 610 W SWANN AVE
City TAMPA FL Zip Code 33606

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 Dennis R. Olden   Feb. 20, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	OLDEN, DENNIS R		NAME	Dennis R. Olden	
STREET ADDRESS	334 EAST LAKE RD SUITE 311		STREET ADDRESS	610 W. Swann Ave	
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP	Tampa, Fl. 33606	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Dennis R. Olden   Dennis R. Olden   Feb 20, 2004   813-253-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #