


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # J52908
 1. Entity Name
CORPORATE BENEFITS CENTER, INC.



Principal Place of Business 2145 14TH AVE SUITE 22 VERO BEACH, FL 32960 US	Mailing Address 2145 14TH AVE SUITE 22 VERO BEACH, FL 32960 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2753665	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOWN, JACK R.
 2145 14TH AVE
 VERO BEACH, FL 32960

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSTROM, LYLE R. 80 ROYAL PALM BLVD.,#204 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOWN, JACK 2145 14TH AVE SUITE 22 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANVORST, ROBERT K. 2145 14TH AVE STE 22 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000000220
 01/07/04-80013-007 150.00

1000000000220
 01/07/04-80013-008 8.75

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)(f), 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: Jack R Kown Pres Date: 1/4/04 Daytime Phone #: 772-794-4404