

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00875</b> 1. Entity Name <b>PROFESSIONAL BENEFIT ADMINISTRATORS, INC.</b>			
Principal Place of Business <b>% RICHARD A. WASHICK 1265 SEMORAN BLVD, SUIT 1213 WINTER PARK, FL 32792</b>		Mailing Address <b>% RICHARD A. WASHICK 1265 SEMORAN BLVD, SUIT 1213 WINTER PARK, FL 32792</b>	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>			
<b>6. Name and Address of Current Registered Agent</b>  <b>WASHICK, RICHARD A. 1265 S SEMORAN BLVD SUITE 1213 WINTER PARK, FL 32792</b>		<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PSD	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>	
NAME	WASHICK, RICHARD A.		
STREET ADDRESS	685 CRICKLEWOOD TERR		
CITY-ST-ZIP	HEATHROW, FL 32746		
TITLE	VD		
NAME	KIRKLAND, ANGELIA J		
STREET ADDRESS	1255 FERN FOREST RUN	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>	
CITY-ST-ZIP	OVIEDO, FL		
TITLE	VD		
NAME	WASHICK, ROBERT A		
STREET ADDRESS	744 MCLEAN CT		
CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	VTD	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>	
NAME	CANLAS, SONIA B		
STREET ADDRESS	685 CRICKLEWOOD TERR		
CITY-ST-ZIP	HEATHROW, FL 32746		
TITLE			
NAME			
STREET ADDRESS		<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; font-size: 1.2em;">DO NOT WRITE IN THIS SPACE</div> </div>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(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.			
<b>SIGNATURE:</b> 		1/27/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	