

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13183

FILED
Jan 05, 2012
Secretary of State

Entity Name: EMPLOYEE INSURANCE BENEFITS OF FLORIDA, INC.

Current Principal Place of Business:

210 LAKE HARRIS DR
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

210 LAKE HARRIS DR
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-2961459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKER, BRUCE G.
210 LAKE HARRIS DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BAKER, BRUCE G.
Address: 1956 INDIAN TRAILS COURT
City-St-Zip: LAKELAND, FL 33813

Title: T
Name: BAKER, BARBARA T.
Address: 1956 INDIAN TRAILS CT
City-St-Zip: LAKELAND, FL 33813

Title: P
Name: BAKER, BRUCE G. JR
Address: 6724 BROKEN ARROW TRAIL SOUTH
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE G BAKER

CEO

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date