

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93539

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** EMPLOYEE BENEFITS DESIGN, INC.

**Current Principal Place of Business:**

111 2ND AVE NE  
STE 710  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

111 2ND AVE NE  
STE 710  
ST PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 59-3030862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORMAN, STEPHANIE G  
111 2ND AVE NE  
STE 710  
ST PETERSBURG, FL 33701 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: PHIPPS, KATHRYN M  
Address: 111 2ND AVE NE, STE 710  
City-St-Zip: ST PETERSBURG, FL 33701

Title: VPST  
Name: NORMAN, STEPHANIE G  
Address: 111 2ND AVE NE, STE 710  
City-St-Zip: ST PETERSBURG, FL 33701

Title: P  
Name: CRAWFORD, SCOTT C  
Address: 111 2ND AVE NE, STE 710  
City-St-Zip: ST PETERSBURG, FL 33701

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: STEPHANIE G NORMAN

VPST

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date