


CERTIFIED MAIL NO. 7005-1820-0002-6573-5805 FILED  
2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

Mar 02, 2007 08:00 A  
Secretary of State

DOCUMENT # P00000022908 1. Entity Name PROFESSIONAL BENEFIT PLANS, INC.	
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Principal Place of Business 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708	Mailing Address 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3636743	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MURDOCK, JOHN D 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708
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**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	000000653798 03/13/07-80036-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MURDOCK, JOHN D 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURDOCK, EMILIE A 1252 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN D. MURDOCK** 02-24-2007 407-359-1492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #