


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000039876
1. Entity Name
EMPLOYEE BENEFITS INVESTMENT GROUP, INC.



Principal Place of Business
**8130 BAYMEADOWS CIR W
SUITE 210
JACKSONVILLE, FL 32256**

Mailing Address
**P.O. BOX 19986
JACKSONVILLE, FL 32245**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**TRONCOSO, ARTHUR B JR
3987 CATTAIL POND DR
JACKSONVILLE, FL 32224**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRONCOSO, ARTHUR B JR 3987 CATTAIL POND DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARSON, BRIAN S 2817 STRATFORD DR TEMPLE, TX 76502
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04/27/04-80100-015 150.00

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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)(i), 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 recipient 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 _____ **Arthur B. Troncoso** **April 26, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #