


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000079984 1. Entity Name TRUSTMARK PLAN ADMINISTRATION, INC.	
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Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 465 SUNRISE, FL 33323	Mailing Address 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 465 SUNRISE, FL 33323
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05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032091	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 HAYMON, STEVEN 12655 NW 17 PLACE CORAL SPRINGS, FL 33071

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	D SCHWEITZER, AMNON 9810 NW 10 CT PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYMON, STEVEN 12655 NW 17TH PLACE CORAL SPRINGS, FL 33071
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<p>U00000367417 05/17/05-80003-007 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

SIGNATURE: Steven Haymon 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #