

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000117688

1. Entity Name
EXPERT BILLING & MORE, INC.



Principal Place of Business
**2951 OAKLEA DRIVE
SOUTH DAYTONA, FL 32119**

Mailing Address
**2951 OAKLEA DRIVE
SOUTH DAYTONA, FL 32119**



DO NOT WRITE IN THIS SPACE

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3695060

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENEDIX, JENNIFER
2951 OAKLEA DRIVE
SOUTH DAYTONA, FL 32119**

**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 *Jennifer Benedix* President

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-23-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000331653
04/26/05-80024-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
BENEDIX, JENNIFER
STREET ADDRESS
2951 OAKLEA DRIVE
CITY - ST - ZIP
SOUTH DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(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: *Jennifer Benedix*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-05 3863049924

Date

Daytime Phone #