


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000067253 1. Entity Name PRESTIGE EMPLOYEE BENEFITS & INSURANCE, INC.	
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Principal Place of Business
317 N.E. 36TH AVENUE
SUITE 2
OCALA, FL 34470

Mailing Address
111 N.E. 47 COURT
OCALA, FL 34470



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATHIS, JIMMY R
317 N.E. 36TH AVENUE
SUITE 2
OCALA, FL 34470

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATHIS, JIMMY R
STREET ADDRESS	317 N.E. 36TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34470
TITLE	VD
NAME	MATHIS, NELL S
STREET ADDRESS	317 N.E. 36TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD
NAME	FREDRICK, LISA K
STREET ADDRESS	317 N.E. 36TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80035-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06 352-694-1606
Date Daytime Phone #