

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000067253

1. Entity Name
PRESTIGE EMPLOYEE BENEFITS & INSURANCE, INC.



Principal Place of Business
**317 N.E. 36TH AVENUE
SUITE 2
OCALA, FL 34470**

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

DO NOT WRITE IN THIS SPACE



03032007 No Chg-P CR2E034 (11/05)

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**

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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, 2007 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
**PD
MATHIS, JIMMY R
317 N.E. 36TH AVENUE #2
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MATHIS, NELL S
317 N.E. 36TH AVENUE #2
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FREDRICK, LISA K
317 N.E. 36TH AVENUE #2
OCALA, FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000655060
03/13/07-80090-012 150.00

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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: Jimmy R Mathis Jimmy R. Mathis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-07
Date

352-694-1606
Daytime Phone #