

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067253

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** PRESTIGE EMPLOYEE BENEFITS & INSURANCE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

111N.E. 47TH COURT  
OCALA, FL 34470

**Current Mailing Address:**

111 N.E. 47 COURT  
OCALA, FL 34470

**New Mailing Address:**

111N.E. 47TH COURT  
OCALA, FL 34470

**FEI Number:** 59-3736519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MATHIS, JIMMY R  
111 N.E. 47TH COURT  
OCALA, FL 34470 US

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.

SIGNATURE: JIMMY R. MATHIS

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MATHIS, JIMMY R  
Address: 111 N.E. 47TH COURT  
City-St-Zip: OCALA, FL 34470

Title: VD  
Name: MATHIS, NELL S  
Address: 317 N.E. 36TH AVENUE #2  
City-St-Zip: OCALA, FL 34470

Title: SD  
Name: FREDRICK, LISA K  
Address: 111 N.E. 47TH. COURT  
City-St-Zip: OCALA, FL 34470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIMMY R. MATHIS

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date