


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000071571</b>	
1. Entity Name COVER-ALL BENEFITS, INC.	

Principal Place of Business 1200 WESTON RD. 3RD FLOOR WESTON, FL 33326 US	Mailing Address 1200 WESTON RD. 3RD FLOOR WESTON, FL 33326 US
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3642478	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  PAYNE, TODD S ESQ. 4000 HOLLYWOOD BLVD. SUITE 400-NORTH HOLLYWOOD, FL 33021
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

U000000091202

03/17/04-80050-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PEARSON, MARGARET ANN 1 BAY HARBOR RD. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPER, RAYMONDE 1200 WESTON RD., 3RD FLOOR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAWSON, NATALIE 1200 WESTON RD., 3RD FLOOR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 561-744-7224  
Date Daytime Phone #