

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000088775

1. Entity Name
LEGAL BENEFIT PROVIDERS, INC.



Principal Place of Business
7972 VENETIAN STREET
MIRAMAR, FL 33023

Mailing Address
7972 VENETIAN STREET
MIRAMAR, FL 33023

FILED
04 MAY -6 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2368775

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/12/04--01013--001 **211.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLIS, KAREN E
STREET ADDRESS	7972 VENETIAN STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	HOLLIS, BRUCE E
STREET ADDRESS	7972 VENETIAN STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
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)(i), 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

4/30/04

Date

305.827-8087

Daytime Phone #