


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000113795 1. Entity Name MEDICAL BENEFITS ASSISTANCE, INC.	
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Principal Place of Business 3496 BLOOMINGTON PL THE VILLAGES, FL 32162	Mailing Address 3496 BLOOMINGTON PL THE VILLAGES, FL 32162
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04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0432102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WILLIAMS, JOE B 3496 BLOOMINGTON PL THE VILLAGES, FL 32162
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000120002

04/19/04-80118-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOE B 3496 BLOOMINGTON PLACE THE VILLAGES, FL 32162
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**DO NOT WRITE  
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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: 