2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# P02000114744

Entity Name: WORKPLACE ALTERNATIVE BENEFITS, INC.

Current Principal Place of Business:

P.O. DRAWER 7323
WINTER HAVEN, FL 33883

New Principal Place of Business:

P.O. DRAWER 7323
WINTER HAVEN, FL 33883 US

Current Mailing Address:

256 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 320439547

New Mailing Address:

256 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 320439547 US

FEI Number: 22-3883199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POBJECKY, DAVID
786 AVENUE C, SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOCHER, CARL E
Address: 786 AVE C, SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOCHER, CARL E
Address: 786 AVE C, SW
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL E. KOCHER P 03/03/2004

Electronic Signature of Signing Officer or Director Date