

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P03000031612 | | | |  | |
| 1. Entity Name SAC BENEFITS INC | | | | | |
| Principal Place of Business 1166 S.E. CAPITAL CIR TALLAHASSEE, FL 32311 | | | Mailing Address PO BOX 37096 TALLAHASSEE, FL 32315 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COLLIER, SANDRA A 2731 BEARSTONE RD TALLAHASSEE, FL 32310 | | | Name <u>Sandra A. Collier</u> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <u>2934 Capital Park Dr</u> | | |
| | | | City <u>Tallahassee</u> FL Zip Code <u>32301</u> | | |
| 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 <u><i>Sandra A. Collier</i></u> DATE <u>5-2-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLLIER, SANDRA A 1241 W THARPE ST STE 161 TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400075029134 05/22/06--01047--007 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Sandra A. Collier</i></u> | | | Date <u>5-02-06</u> Daytime Phone # <u>850-322-5047</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

FILED

06 MAY -5 PM 4:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05022006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3545048** Applied For ☐ Not Applicable ☐

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