

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000032015

1. Entity Name  
20/20 BENEFITS, INC.



**FILED  
Aug 20, 2004 8:00 am  
Secretary of State**

08-20-2004 90004 012 \*\*\*150.00

Principal Place of Business  
3351 N.E. 17TH WAY  
OAKLAND PARK, FL 33334

Mailing Address

3351 N.E. 17TH WAY  
OAKLAND PARK, FL 33334

2. Principal Place of Business

1040 BAYVIEW DR  
Suite, Apt. #, etc.  
SUITE 522

3. Mailing Address

1040 BAYVIEW DR.  
Suite, Apt. #, etc.  
SUITE 522

City & State

FT. LAUDERDALE FL FT. LAUDERDALE, FL.

Zip

33304

Country

Zip

33304

Country



07072004 Chg-P CR2E034 (10/03)

4. FEI Number

06-1684470

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORTON, DAN  
3351 N.E. 17TH WAY  
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent

Name MORTON, DAN

Street Address (P.O. Box Number is Not Acceptable)

1040 BAYVIEW DR

SUITE 522

City FT. LAUDERDALE FL Zip Code 33304

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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**

TITLE CEO  
NAME MORTON, DAN  
STREET ADDRESS 3351 N.E. 17TH WAY  
CITY-ST-ZIP OAKLAND PARK, FL 33334

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE CEO  
NAME MORTON DAN  
STREET ADDRESS 1040 BAYVIEW DR. SUITE 522  
CITY-ST-ZIP FT. LAUDERDALE FL. 33304

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

8/18/04 954 568 5995

Date

Daytime Phone #