

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089918

FILED  
Apr 07, 2005  
Secretary of State

**Entity Name:** EMPLOYEE BENEFIT SOLUTIONS, INC.

**Current Principal Place of Business:**

3906 US HWY 98W  
11A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2044  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-0154594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENISE, HARRIGAN  
115 DUFFY LANE  
SANTA ROSA BEACH, FL 32459 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: HARRIGAN, DENISE  
Address: PO BOX 2044  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** DENISE HARRIGAN

P

04/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date