

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132713

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** PROFESSIONAL GROUP BENEFIT CORPORATION

**Current Principal Place of Business:**

6739 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

6739 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 55-0851011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRIER, BRIAN S  
6739 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 US

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

PROFESSIONAL PAYROLL PLUS  
6739 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 US

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: RON MASCITTI

04/15/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARRIER, BRIAN S  
Address: 6739 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete  
Name: WERNER, MARK  
Address: 6739 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

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

Title: P (X) Change ( ) Addition  
Name: MASCITTI, RONALD D  
Address: 6739 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

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: RON MASCITTI

P

04/15/2004

Electronic Signature of Signing Officer or Director

Date