

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000106823

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** WOERTZ EMPLOYEE BENEFITS, INC.

**Current Principal Place of Business:**

1040 BAYVIEW DR., STE 326  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**Current Mailing Address:**

1040 BAYVIEW DR., STE 326  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**FEI Number:** 20-5388227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOERTZ, CHRISTOPHER  
4159 NE 21ST TERRACE  
LIGHTHOUSE POINT, FL 33064 US

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

WOERTZ, CHRISTOPHER  
12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913 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:

Electronic Signature of Registered Agent

01/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOERTZ, CHRISTOPHER  
Address: 12500 EAGLE POINTE CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: VP  
Name: TROYER, MIRACLE  
Address: 12500 EAGLE POINT CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER WOERTZ

P

01/27/2011

Electronic Signature of Signing Officer or Director

Date