

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106823

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913

**New Mailing Address:**

**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  
12500 EAGLE POINTE CIRCLE  
FORT MYERS, FL 33913 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

**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

01/10/2012

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

\_\_\_\_\_ Date