


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P22100
1. Entity Name
SENIOR SECURITY BENEFITS, INC.



Principal Place of Business: **824 INDEPENDENCE
P.O. BOX 1520
CAPE GIRARDEAU, MO 63703 US**

Mailing Address: **P.O. BOX 1520
CAPE GIRARDEAU, MO 63702-1520 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **43-1428661** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DARBY, RICHARD
209 W. LEE
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVAULT, ROGER DALE HWY 34, P.O. BOX 504 MARBLE HILL, MO 63764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, WANDA F 3125 BOUTIN DR. CAPE GIRARDEAU, MO 63701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVAULT, DALE WILLIAM 1316 ROSEBUD JACKSON, MO 63755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000237128
02/21/05-80047-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **ROGER DAVAULT** Date: **2-15-05** Daytime Phone #: **573-335-5630**