2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P22100

1. Entity Name
SENIOR SECURITY BENEFITS, INC.

Principal Place of Business	Mailing Address
824 INDEPENDENCE ST. CAPE GIRARDEAU, MO 63703 US	P.O. BOX 1520 CAPE GIRADEAU, MO 63702-1520

01042006 No Chg-P CR2E034 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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02/08/06-80040-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-09-06 573-335-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #