

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

RECEIVED JAN 15 2008
FILED

Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P22100

1. Entity Name
SENIOR SECURITY BENEFITS, INC.



Principal Place of Business

824 INDEPENDENCE ST.
CAPE GIRARDEAU, MO 63703 US

Mailing Address

P.O. BOX 1520
CAPE GIRARDEAU, MO 63702-1520

DO NOT WRITE IN THIS SPACE



01152008 021 No Chg-R, CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 W, 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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-08 573-3355630