

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90009 045 ***158.75

DOCUMENT # P92000014808

1. Entity Name
PINNACLE BENEFITS, INC.



Principal Place of Business

**701 U S HIGHWAY ONE
SUITE 200
NORTH PALM BEACH, FL 33408 US**

Mailing Address

**701 U S HIGHWAY ONE
SUITE 200
NORTH PALM BEACH, FL 33408 US**

44007111



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0376581

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRIS, GEORGE E
11380 PROSPERITY FARMS RD
SUITE 201
PALM BEACH GARDENS, FL 33410**

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CD
NAME LOWE, FREDERICK R
STREET ADDRESS 701 U.S. HWY. ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D
NAME STEPHENS, SAM A
STREET ADDRESS 701 U.S. HWY. ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE PD
NAME CERRE-RUEDISILI, DEBRA
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD
NAME DUGGAN, ALAN N
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VT
NAME PLANTE, DENNIS F
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE S
NAME MISIASZEK, MELODY A
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELODY A. MISIASZEK

Date

2-3-2004

800-226-1878

Daytime Phone # **X11226**