

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000055022

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: FEDERAL EMPLOYEE BENEFITS GROUP, INC.

## Current Principal Place of Business:

841 PRESIDENTIAL DRIVE  
SUITE 500  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

841 PRUDENTIAL DRIVE  
SUITE 1500  
JACKSONVILLE, FL 32207

## Current Mailing Address:

841 PRESIDENTIAL DRIVE  
SUITE 500  
JACKSONVILLE, FL 32207

## New Mailing Address:

841 PRUDENTIAL DRIVE  
SUITE 1500  
JACKSONVILLE, FL 32207

FEI Number: 59-3203548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCLEOD, KENNETH W.  
841 PRESIDENTIAL DR.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

MCLEOD, K. WAYNE  
841 PRUDENTIAL DR.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

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: K. WAYNE MCLEOD

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCLEOD, KENNETH W.  
Address: 841 PRESIDENTIAL DRIVE SUITE 1500  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLEOD, K. WAYNE  
Address: 841 PRUDENTIAL DRIVE, SUITE 1500  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: K. WAYNE MCLEOD

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date