

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000021012

1. Entity Name
FAMILY BENEFITS, INC.



Principal Place of Business
**31 EAST MACARTHUR CRESENT
B207
SANTA ANA, CA 92707 US**

Mailing Address
**31 EAST MACARTHUR CRESENT
B207
SANTA ANA, CA 92707 US**



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3305260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELLEMARE, DIJON
401 N.E. MIZNER BLVD.
T-202
BOCA RATON, FL 33432**

**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, 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	PST SHELDON, ESTELLE M 31 EAST MAC ARTHUR CRESENT B-207 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHELDON, ESTELLE M 31 EAST MAC ARTHUR CRESENT B207 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KALLECK, EDWIN 11308 127 PLACE NE KIRKLAND, WA 98033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000324889

04/22/05-80111-010 150.00

**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: *Estelle M. Sheldon, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Estelle M. Sheldon, President

4/16/05 *714-546-1647*
Date Daytime Phone #