


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000023769	
1. Entity Name BENEFIT CONSULTANTS OF SOUTH FLORIDA, INC.	

Principal Place of Business 14200 ROYAL HARBOR COURT #704 FT. MYERS, FL 33908 US	Mailing Address 14200 ROYAL HARBOR COURT #704 FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0568649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, SHARON E.
14200 ROYAL HARBOR CT. # 704
FORT MYERS, FL 33908

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE VPS	NAME MILLER, SHARON E
STREET ADDRESS 14200 ROYAL HARBOUN CT. #704	
CITY-ST-ZIP FORT MYERS, FL 33908	
TITLE P	NAME MILLER, SHARON E.
STREET ADDRESS 14200 ROYAL HARBOUN CT. #704	
CITY-ST-ZIP FORT MYERS, FL 33908	
TITLE CT	NAME MILLER, RICHARD N.
STREET ADDRESS 14200 ROYAL HARBOUN CT. #704	
CITY-ST-ZIP FORT MYERS, FL 33908	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80031-021 150.00

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: *Sharon E Miller, Pres.* **4/26/04 239-454-2941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #