

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90232 016 ***150.00

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1. Entity Name
BENEFIT ONE OF AMERICA, INC.

Principal Place of Business
**5999 CENTRAL AVENUE
4TH FLOOR
ST. PETERSBURG, FL 33710**

Mailing Address
**5999 CENTRAL AVENUE
4TH FLOOR
ST. PETERSBURG, FL 33710**

14010885



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3416997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, THOMAS A
5999 CENTRAL AVENUE, 4TH FL.
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name
ROSS WILT

Street Address (P.O. Box Number is Not Acceptable)

**5999 Central Ave
4th Floor**

City
ST PETERSBURG

FL

Zip Code
33710

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 PS ☐ Delete
NAME WITTNER, JEAN G
STREET ADDRESS 5999 CENTRAL AVENUE, SUITE 400
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE CD ☐ Delete
NAME WITTNER, TED P
STREET ADDRESS 5999 CENTRAL AVE # 400
CITY-ST-ZIP ST PETERSBURG, FL

TITLE V ☐ Delete
NAME ACKERMAN, BRAD
STREET ADDRESS 5999 CENTRAL AVE #400
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE T ☒ Delete
NAME SCHULTZ, THOMAS A
STREET ADDRESS 5999 CENTRAL AVE #400
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE V ☐ Delete
NAME WILT, ROSS
STREET ADDRESS 5999 CENTRAL AVE #400
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE V ☒ Delete
NAME JODAS, MARY
STREET ADDRESS 5999 CENTRAL AVE #400
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #