

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000077733**

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**



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3416997**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILT, ROSS  
5999 CENTRAL AVENUE, 4TH FL.  
ST. PETERSBURG, FL 33710**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PS WITTNER, JEAN G 5999 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WITTNER, TED P 5999 CENTRAL AVE # 400 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McHARRY, BRIAN 5999 CENTRAL AVE #400 ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILT, ROSS 5999 CENTRAL AVE #400 SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMPSON, CYNTHIA 5999 CENTRAL AVE, # 400 SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000487814  
04/14/06-80010-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ross Wilt ROSS WILT 3/28/06 727-384-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #