

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000078348

1. Entity Name
**EVEREST DISABILITY BENEFITS & CLAIM ANALYSTS,
INC.**



Principal Place of Business
**2907 BAY TO BAY BLVD.
212
TAMPA, FL 33629**

Mailing Address
**P.O. BOX 14399
TAMPA, FL 33690**



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3753820

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
2901 BAY TO BAY BLVD
SUITE 309
TAMPA, FL 33602**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	ABELES, BRIAN
STREET ADDRESS	P.O. BOX 14399
CITY-ST-ZIP	TAMPA, FL 33690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000171610
09/03/04-80004-005 158.75

**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:

Brian Abeles
BRIAN ABELES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8th, 2004 (813) 221-4000 x207
Date Daytime Phone #