

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000009014

1. Entity Name
EMPLOYEE BENEFITS SPECIALIST, INC.



Principal Place of Business Mailing Address
**7930 CHASE MEADOWS DR W
JACKSONVILLE, FL 32256** **7930 CHASE MEADOWS DR W
JACKSONVILLE, FL 32256**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3489796 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAYTON, WENDY
7930 CHASE MEADOWS DR W
JACKSONVILLE, FL 32256**

**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**

**U00000260368
03/12/05-80022-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE D
NAME **CRAYTON, WENDY**
STREET ADDRESS **7930 CHASE MEADOWS DR W**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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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: _____

Wendy B. Crayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

3/7/2005

Date

904-642-5186

Daytime Phone #