

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009014

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** EMPLOYEE BENEFITS SPECIALIST, INC.

**Current Principal Place of Business:**

11555 CTRL PKWY  
STE 502  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

11555 CTRL PKWY  
STE 502  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 59-3489796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, GEORFFREY M  
11555 CTRL PKWY STE 502  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

TAYLOR, GEOFFREY M  
11555 CTRL PKWY STE 502  
JACKSONVILLE, FL 32224 US

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.

**SIGNATURE:** GEOFFREY M. TAYLOR

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** TAYLOR, GEOFFREY M  
**Address:** 2432 MISTY WATER DR N  
**City-St-Zip:** JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GEOFFREY M. TAYLOR

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date