2004 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPURI | | | | Term I have been |
|---|---|---|--|--|
| DOCUMENT # P98000051240 | | | | FILED |
| 1. Entity Name SENIOR BENEFITS OF FLORIDA, INC. | | | 05 FEB 28 PM 2: 29 | |
| B 101 | | | TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM | SECRETARY OF STATE |
| Principal Place of Business 2305-HWY 77 | | Mailing Address 2305 HWY-77 | | TALLAHASSEE, FLORIDA |
| 2ND FLOSR 2ND I | | 2ND FLOOR | . ue | |
| PANAMA CIT | Y FL 32405 US | PANAMA CITY, PL 3240 | 5 US | |
| 2. Principal Place of Bysiness, 199 5 Kyland Ave 799 5 Kyland | | Ave | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 08302004 Chg-P CR2E034 (10/03) |
| gity & Stat | e C./ -/ | Sity & State | | 4. FEI Number Applied For |
| Zio | C. C. Fy FL | Panama City | Country | 59-3516584 Not Applicab |
| 3240 | 1 USA | 3240/ | USA | 5. Certificate of Status Desired Fee Required |
| 6. Name and Address of Current Registered Agent Name | | | 7. Name and Address of New Registered Agent | |
| HAMM, GERALD ESQ. 1007 JENKS AVENUE Street Address | | | | ress (P.O. Box Number is Not Acceptable) |
| PANAMA CITY, FL 32401 | | | n a l | INICTATEMENT /1/ 55 |
| | | | City | THO IAI LIVILIU 1 09 00 |
| 8 The above | a named entity submits this statement for | or the nurness of changing its re |] | FL |
| 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. | | | | |
| SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| | Ogradia, types of printed hand of registered again | and this is abbuttana. (IAO.15;) | падалогая мурті ыдралога п | required when reinstating) DATE |
| 1 | LE NOW!!! FEE IS \$550.00 ue by September 8, 2004 | 9. Election Campaig Trust Fund Contrib | ~ — | \$5.00 May Be Added to Fees |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME | P O'BRYAN, SCOTT | ☐ Delete | TITLE NAME | ☐ Change ☐ Additio |
| STREET ADDRESS | 403 PARK PLAZA DR | | STREET ADDRESS | 500047924745 03/08/0501018009 **300.00 |
| CITY-ST-ZIP | OWENSBORO, KY 42301 | □ Delete | CITY-ST-ZIP | ☐ Change ☐ Additio |
| NAME | ANDERSON, BRADLEY | C Deserte | NAME | □ Strange □ Addition |
| STREET ADDRESS CITY-ST-ZIP | 403 PARK PLAZA DR OWENSBORO, KY 42301 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | ST | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | MIDDLEMAS, LOTT W III | | STREET ADDRESS | 199 skyl I Ave |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | CITY-ST-ZIP | 199 skyland Ave Panama City, FL 32401 |
| TITLE NAME | D ANDERSON, ERIC | ☐ Delete | TITLE NAME | / □ Change □ Addition |
| STREET ADDRESS | 2720 FREDERICA ST | | STREET ADORESS | |
| CITY-ST-ZIP | OWENSBORO, KY 42301 | □ Delete | CITY-ST-ZIP | |
| NAME | ANDERSON, TODD | □ neists | NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 2720 FREDRICA ST OWENSBORO, KY 42301 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY+ST-ZIP | | | CITY-ST-ZIP | |
| of the cor | certify that the information supplied wit fon this report or supplemental report is reporation or the receives or trustee emp , or on an attachment with an address, | s true and accurate and that my owered to execute this report as with all other like empowered. | signature snall nave s required by Chapte | in Section 119.07(3)(i), Florida Statutes. I further certify that the information a the same legal effect as if made under oath; that I am an officer or directorer 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the control of the con |
| SIGNAT | TIDE: | Worren M. | dellema z | TI Sec. 2-23-05 850-784-8145 |
| SIGNAL | | PRINTED NAME OF SIGNING OFFICER OF | DIRECTOR | Date Daytime Phone # |

2-23-05

. 792

Florida Dept of State P.O. Box 1500 Tallahussee, FL = 32302-1500

Deir Sic of Madane,

· This letter is to advise that, due to an address change, I have just recently received your correspondence for the Annual report for Senior Benefits of Florida.

Please Waive the \$400.00 late fee.

Sincerely,

Sincerely,

L.W. Middlemas III
Sec./Trees.

Senior Benitits of Florida