


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 28 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000051240</b> 1. Entity Name <b>SENIOR BENEFITS OF FLORIDA, INC.</b>					
Principal Place of Business <b>2305 HWY 77 2ND FLOOR PANAMA CITY, FL 32405 US</b>			Mailing Address <b>2305 HWY 77 2ND FLOOR PANAMA CITY, FL 32405 US</b>		
2. Principal Place of Business <b>799 Skyland Ave</b>			3. Mailing Address <b>799 Skyland Ave</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Panama City, FL</b>			City & State <b>Panama City, FL</b>		
Zip <b>32401</b>		Country <b>USA</b>		Zip <b>32401</b>	
Country <b>USA</b>		4. FEI Number <b>59-3516584</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAMM, GERALD ESQ. 1007 JENKS AVENUE PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 2px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">REINSTATEMENT 04-05</div> City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRYAN, SCOTT 403 PARK PLAZA DR OWENSBORO, KY 42301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500047924745</b> <b>03/08/05--01018--009 ***300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, BRADLEY 403 PARK PLAZA DR OWENSBORO, KY 42301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIDDLEMAS, LOTT W III 101 HARRISON AVE PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>799 Skyland Ave</b> <b>Panama City, FL 32401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ERIC 2720 FREDERICA ST OWENSBORO, KY 42301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, TODD 2720 FREDRICA ST OWENSBORO, KY 42301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Warren Middlemas III Sec.</u> Date: <u>2-23-05</u> 850-784-8145					

2-23-05

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Florida Dept of State  
P.O. Box 1500  
Tallahassee, FL ~~32302~~ 32302-1500

Dear Sir or Madame,

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,



L.W. Middlemas III

Sec./Treas.

Senior Benefits of Florida