

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066543

FILED  
May 01, 2005  
Secretary of State

Entity Name: WHITEHEAD BENEFIT GROUP, INC.

**Current Principal Place of Business:**

4100 EVANS AVENUE  
SUITE 5  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

7509 SUNCOAST DR  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-0856052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITEHEAD, ELAYNE  
7509 SUNCOAST DR  
NORTH FORT MYERS, FL 33917 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITEHEAD, ELAYNE  
Address: 7509 SUNCOAST DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: STD ( ) Delete  
Name: WHITEHEAD, ROBERT  
Address: 7509 SUNCOAST DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WHITEHEAD, ROBERT  
Address: 7509 SUNCOAST DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT WHITEHEAD

VP

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date