

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000066543

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** WHITEHEAD BENEFIT GROUP, INC.

**Current Principal Place of Business:**

7509 SUNCOAST DR.  
NORTH FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3278  
NORTH FT. MYERS, FL 33918

**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

**OFFICERS AND DIRECTORS:**

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

Title: STD  
Name: WHITEHEAD, ELAYNE  
Address: 7509 SUNCOAST DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: ELAYNE WHITEHEAD

STD

04/05/2012

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

\_\_\_\_\_  
Date