


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P98000075087                                |  |
| 1. Entity Name<br>BENEFIT MARKETING & ASSOCIATES, INC. |   |

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|--|--|
| Principal Place of Business<br>6161 ARLINGTON EXPRESSWAY<br>JACKSONVILLE, FL 32211 | Mailing Address<br>6161 ARLINGTON EXPRESSWAY<br>JACKSONVILLE, FL 32211 |
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>59-3520210                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

LABRATO, JOSEPH M  
6161 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

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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 re-stating) DATE: \_\_\_\_\_

|  |   |   |
|--|---|---|
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000480231<br>04/10/06-80036-014 150.00 |
|--|---|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LABRATO, JOE<br>6161 ARLINGTON EXPRESSWAY<br>JACKSONVILLE, FL 32211 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAURER, DOUG<br>6161 ARLINGTON EXPRESSWAY<br>JACKSONVILLE, FL 32211 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joe Labrato 3/23/06 904 3986440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #