


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90084 027 \*\*\*150.00

<b>DOCUMENT # P98000103276</b> 1. Entity Name <b>BENEFITS COORDINATORS, INC.</b>					
Principal Place of Business <b>6021 CANYON DE CHELLEY COURT ORLANDO, FL 32810</b>			Mailing Address <b>6021 CANYON DE CHELLEY COURT ORLANDO, FL 32810</b>		
2. Principal Place of Business <b>283 CRANES ROOST BLVD.</b> Suite, Apt. #, etc. <b>111</b>		3. Mailing Address <b>283 CRANES ROOST BLVD.</b> Suite, Apt. #, etc. <b>111</b>			
City & State <b>ALTAMONTE SPRINGS FL</b> Zip <b>32701</b>		City & State <b>ALTAMONTE SPRINGS FL</b> Zip <b>32701</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WAISOME, S. DALTON 6021 CANYON DE CHELLEY COURT ORLANDO, FL 32810</b>			7. Name and Address of New Registered Agent Name <b>S. DALTON WAISOME</b> Street Address (P.O. Box Number is Not Acceptable) <b>283 CRANES ROOST BLVD. Suite 111</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32701</b>		
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 <u><i>S. Dalton Waisome</i></u> DATE <u>4/13/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAISOME, S. DALTON 6021 CANYON DE CHELLEY COURT ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAISOME, Verna M 6021 CANYON DE CHELLEY COURT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete		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
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
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><i>S. Dalton Waisome</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/13/05</u> <small>Date Daytime Phone #</small>		