

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018894

FILED
Feb 18, 2009
Secretary of State

Entity Name: DIRECT ASSIGNMENT BENEFIT PLANS, INC.

Current Principal Place of Business:

700 CENTRAL AVE SUITE 301
ST. PETERSBURG, FL 33701

New Principal Place of Business:

700 CENTRAL AVENUE
SUITE 301
ST. PETERSBURG, FL 33701

Current Mailing Address:

700 CENTRAL AVE SUITE 301
ST. PETERSBURG, FL 33701

New Mailing Address:

700 CENTRAL AVENUE
SUITE 301
ST. PETERSBURG, FL 33701

FEI Number: 59-3639278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONER, ROBERT
700 CENTRAL AVE
STE 301
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

STONER, ROBERT
700 CENTRAL AVENUE
SUITE 301
SAINT PETERSBURG, FL 33701 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STONER, JOHN R
Address: 700 CENTRAL AVENUE, SUITE 301
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: ANNUNZIATA, THERESA
Address: 12006 MOUNTBATTEN DR
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: STONER, ROBERT F
Address: 1348 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: STONER, ROBERT W
Address: 11005 CINDERLANE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THERESA STONER ANNUNZIATA

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02/18/2009

Electronic Signature of Signing Officer or Director

Date