

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90205 010 ***150.00

DOCUMENT # P99000052427

1. Entity Name
PREFERRED BENEFIT SOLUTIONS, INC.



Principal Place of Business
12205 LACEY DR
NEW PORT RICHEY, FL 34654

Mailing Address
PO BOX 1438
NEW PORT RICHEY, FL 34656

2. Principal Place of Business
21251 Marsh Hawk Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Land O Lakes FL

City & State

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3583423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34638

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Michael A. Foster
Street Address (P.O. Box Number is Not Acceptable)
21251 Marsh Hawk Dr.
City
Land O Lakes FL Zip Code
34638

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

[Signature]

President

04/25/2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FOSTER, MICHAEL A
196 TURN BERRY CRT S
LAKE WORTH, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
FOSTER, ROSEMARY E
12205 LACEY DRIVE
NEW PORT RICHEY, FL 34656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Foster, Michael A.
21251 Marsh Hawk Dr.
Land O Lakes, FL 34638 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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:

Rosemary E. Foster, Secretary

Date

Daytime Phone #

04/25/2006 (727) 534-4941