

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 050 ***150.00

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1. Entity Name

GROUP BENEFIT STRATEGIES, INC.



Principal Place of Business

8903 REGENTS PARK DR.
STE. 140
TAMPA FL 33647

Mailing Address

8903 REGENTS PARK DR.
STE. 140
TAMPA FL 33647

2. Principal Place of Business

10323 Cross Creek Blvd.
Suite A.
Tampa, Florida
33647 USA

3. Mailing Address

10323 Cross Creek Blvd
Suite H
Tampa, Florida
33647 USA



MOORE CR2E034 (11/03)

4. FEI Number

59-3606617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUERTA, DAVID A
8903 REGENTS PARK DR.
STE 140
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name David A. Huerta
Street Address (P.O. Box Number is Not Acceptable)
10323 Cross Creek Blvd.
Suite H
City Tampa FL Zip Code 33647

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME HUERTA, DAVID A
STREET ADDRESS 17802 OSPREY POINTE PL
CITY-ST-ZIP TAMPA FL 33647

TITLE ☒ Delete
NAME TANGUAY, ROBERT J
STREET ADDRESS 3742 BELLE VISTA DR. E.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ Delete
NAME HUERTA, CARRIE
STREET ADDRESS 17802 OSPREY POINTE PL
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04

(813) 907-0300