2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000108263

1. Entity Name
E. BENEFITS, INC.

Principal Place of Business	Mailing Address
728 CENTERWOOD DR	728 CENTERWOOD DR
TARPON SPRINGS, FL 34689	TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

01272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3621108	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALLES, LARRY C
5728 MOAIN ST
NEW PORT RICHEY, FL 34652

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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 _____
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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BAKER, LARAINE G
STREET ADDRESS	728 CENTERWOOD DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	
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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: _____Laraine Baker_____   1/27/04   727 943-8149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #