


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 013 ***158.75

DOCUMENT # S43623 1. Entity Name BENEFITS MANAGEMENT SERVICES, INC.					
Principal Place of Business 4934 EAGLE COVE SOUTH DRIVE PALM HARBOR, FL 34685 US				Mailing Address 4934 EAGLE COVE SOUTH DRIVE PALM HARBOR, FL 34685 US	
2. Principal Place of Business 1177 LINDENWOOD DRIVE				3. Mailing Address P.O. Box 15603	
Suite, Apt. #, etc. _____				Suite, Apt. #, etc. _____	
City & State TARPON SPRINGS, FL				City & State CLEARWATER, FL	
Zip 34688		Country PINELLAS		Zip 33766	
Country PINELLAS		4. FEI Number 59-3078288			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STANFORD, MARY L 4934 EAGLE COVE SOUTH DR PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name STANFORD, MARY L. Street Address (P.O. Box Number is Not Acceptable) 1177 LINDENWOOD DRIVE City TARPON SPRINGS, FL Zip Code 34688	
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>Mary L. Stanford</i></u> MARY L. STANFORD, PRESIDENT 1-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPST STANFORD, MARY L. 4934 EAGLE COVE SOUTH DR PALM HARBOR, FL 34685 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STANFORD, MARY L. 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688	
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	
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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>Mary L. Stanford</i></u> MARY L. STANFORD, PRESIDENT 1-20-04 (727) 785-5596 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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