

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91696

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** SIG EMPLOYEE BENEFITS, INC.

**Current Principal Place of Business:**

4929 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

4929 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 58-1967478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINADINOS, GREGORY J  
4929 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SINADINOS, GREGORY J  
Address: 4929 SOUTH WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: GREGORY J. SINADINOS

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02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date