

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54657

FILED
Jan 23, 2004
Secretary of State

Entity Name: ROBERTS BENEFIT GROUP, INC.

Current Principal Place of Business:

1845 E JOHNS SIMS PKWY
NICEVILLE, FL 32578 US

New Principal Place of Business:

1845 E JOHN SIMS PKWY
NICEVILLE, FL 32578 US

Current Mailing Address:

1845 E JOHNS SIMS PKWY
NICEVILLE, FL 32578 US

New Mailing Address:

1845 E JOHN SIMS PKWY
NICEVILLE, FL 32578 US

FEI Number: 65-0320964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, DONALD
1845 E JOHN SIMS PKWY
NICEVILLE, FL 32578 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: PS () Delete
Name: ROBERTS, DONALD L
Address: 1845 E JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: BILSKER, ROBERT
Address: 9825 W SAMPLE RD STE 206
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: ROBERTS, NANCY J
Address: 1845 E JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD L ROBERTS

PS

01/23/2004

Electronic Signature of Signing Officer or Director

_____ Date