

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95086

Entity Name: CONSOLIDATED BENEFITS, INC.

Current Principal Place of Business:

130 LAKE WINNEMISSETT DR
DELAND, FL 32724

Current Mailing Address:

P.O. BOX 1250
DELAND, FL 32721-1250 US

FEI Number: 59-3028836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTRY, BEVERLY
130 LAKE WINNEMISSETT DR
DELAND, FL 32724 US

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

Officer/Director Detail :

Title DP
Name AUTRY, JERRY
Address 130 LAKE WINNEWISSETT
City-State-Zip: DELAND FL 32724

Title DS
Name AUTRY, BEVERLY
Address 130 LAKE WINNEWISSETT
City-State-Zip: DELAND FL 32724

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: JERRY AUTRY

PRESIDENT

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date