

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067289

Entity Name: EMPLOYEE BENEFITS INSURANCE AND SERVICES INC

Current Principal Place of Business:

6379 MORGAN LA FEE LN
FORT MYERS, FL 33912

Current Mailing Address:

6379 MORGAN LA FEE LN
FORT MYERS, FL 33912 US

FEI Number: 59-3653704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VERTICH, PRESTON S
6379 MORGAN LA FEE LANE
FORT MYERS, FL 33912 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: PRESTON VERTICH

04/22/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVT
Name VERTICH, PRESTON S
Address 6379 MORGAN LA FEE LN
City-State-Zip: FORT MYERS FL 33912

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: PRESTON VERTICH

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date