

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060698

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** A-1 BENEFIT CONSULTANTS, INC.

**Current Principal Place of Business:**

3829 COCONUT PALM DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

3829 COCONUT PALM DRIVE  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 35-2207077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRINGTON, THOMAS D JR  
3829 COCONUT PALM DRIVE  
TAMPA, FL 33619 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KLINGHOFFER, MEL  
Address: 3829 COCONUT PALM DR  
City-St-Zip: TAMPA, FL 33619

Title: VP  
Name: HARRINGTON, THOMAS D JR  
Address: 3829 COCONUT PALM DR  
City-St-Zip: TAMPA, FL 33619

Title: S  
Name: ALFONSO, ANA B  
Address: 3829 COCONUT PALM DRIVE  
City-St-Zip: TAMPA, FL 33619

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: THOMAS D. HARRINGTON, JR.

VP

04/10/2012

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

\_\_\_\_\_ Date