


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 380948
 1. Entity Name
TAX AND ESTATE PLANNING, INC.



Principal Place of Business 10155 COLLINS AVE. #1804 BAL HARBOUR, FL 33154	Mailing Address 10155 COLLINS AVE. #1804 BAL HARBOUR, FL 33154
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1676334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ADAMS, ANNETTE R
 10300 WEST BROADVIEW
 BAY HARBOR, FL 33154

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000184562
 01/20/05-80034-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELD, SAM L 10300 WEST BROADVIEW BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, REGINA A 10155 COLLINS AVE #1804 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, SAM L 10155 COLLINS AVE #1804 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENFELD, ANNETTE 10300 W BROADVIEW BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.

SIGNATURE: *Sam L Rosenfeld* **Sam L Rosenfeld, Pres** 1/14/05 35-865-5774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #