

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90047 035 \*\*\*150.00

**DOCUMENT # 522491**

1. Entity Name  
**THE FINANCIAL PLANNING CENTER, INC.**



Principal Place of Business  
**7553 W. OAKLAND PARK BLVD  
LAUDER HILL, FL 33319 US**

Mailing Address  
**P.O. BOX 5031  
FT. LAUDERDALE, FL 33310-5031 US**

40010000



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANDS, MERRILL  
8525 N.W. 26TH DRIVE  
CORAL SPRINGS, FL 33065**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	SANDS, MERRILL
STREET ADDRESS	8525 N.W. 26TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	VP
NAME	SANDS, MICHAELD.
STREET ADDRESS	10402 SANTIAGO ST
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	S
NAME	SANDS, DOROTHY
STREET ADDRESS	8525 NW 26TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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 exemptions contained in Chapter 119, 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MERRILL SANDS**

**2/2/07**

**9547491551**