2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State
01-15-2004 90010 016 ***150.00

DOCUMENT # 539578

1. Entity Name
FINANCIAL PLANNING SERVICES, INC.

Principal Place of Business	Mailing Address
2200 CORPORATE BLVD STE 210 BOCA RATON, FL 33431 US	2200 CORPORATE BLVD STE 210 BOCA RATON, FL 33431 US

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
c/o NEIL D. SCHWARTZ		c/o NEIL D. SCHWARTZ	
Suite, Apt. #, etc.: 7283 SARIMENTO PLACE		Suite, Apt. #, etc.: P.O. Box 810426	
City & State: DELRAY BEACH, FL.		City & State: BOCA RATON, FL	
Zip: 33446	Country: US	Zip: 33481-0426	Country: US

4. FEI Number: 59-1754322 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, NEIL D.
2200 CORPORATE BOULEVARD
SUITE 210
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: NEIL D. SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable): 7283 SARIMENTO PLACE
City: DELRAY BEACH FL Zip Code: 33446

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: Neil D Schwartz, Pres NEIL D. SCHWARTZ, PRES 1/12/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHWARTZ, NEIL D. 2200 CORPORATE BOULEVARD NORTHWEST #210 BOCA RATON, FL 33431	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHWARTZ, NEIL D. 7283 SARIMENTO PLACE DELRAY BEACH, FL. 33446	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Neil D Schwartz, Pres NEIL D. SCHWARTZ, PRES 1/12/04 (561) 620-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #