

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90085 035 ***150.00



DOCUMENT # 694955
 1. Entity Name
SPECKMAN FINANCIAL PLANNING CORPORATION

Principal Place of Business Mailing Address
 13680 HICKORY RUN LN. 13680 HICKORY RUN LN.
 FT MYERS FL 33912 FT MYERS FL 33912
 US US

2. Principal Place of Business 3. Mailing Address
 12391 Villagio Way 12391 Villagio Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Myers, Florida 33912 **Ft. Myers, Florida 33912**

Zip Country Zip Country
33912 **Lee** **33912** **Lee**

4. FEI Number Applied For
59-2106122 Not Applicable

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

6. Name and Address of Current Registered Agent
SPECKMAN, RONALD E.
13680 HICKORY RUN LN.
FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 Name: **Ronald E. Speckman**
 Street Address (P.O. Box Number is Not Acceptable): **12391 Villagio Way**
 City: **Ft. Myers** FL Zip Code: **33912**

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: *Ronald E. Speckman* **Ronald E. Speckman** **3/1/2005**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECKMAN, RONALD E	NAME	Ronald E. Speckman
STREET ADDRESS	13680 HICKORY RUN LN.	STREET ADDRESS	12391 Villagio Way
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECKMAN, JANE M	NAME	Jane M. Speckman
STREET ADDRESS	13680 HICKORY RUN LN.	STREET ADDRESS	12391 Villagio Way
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECKMAN, TRENT V	NAME	Trent V. Speckman
STREET ADDRESS	6467 MORGAN LA FEE LN	STREET ADDRESS	6467 Morgan La Fee Ln.
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ronald E. Speckman* **Ronald E. Speckman, Pres.** **3/1/2005** **(239)561-9353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1st MOORE CR2E034 (10/04)