


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 694955		
1. Entity Name SPECKMAN FINANCIAL PLANNING CORPORATION		

Principal Place of Business 12391 VILLAGIO WAY FT MYERS, FL 33912 US	Mailing Address 12391 VILLAGIO WAY FT MYERS, FL 33912 US
----------------------------------------------------------------------------	----------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2106122	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

SPECKMAN, RONALD E.  
12391 VILLAGIO WAY  
FORT MYERS, FL 33912

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST ZIP	P SPECKMAN, RONALD E 12391 VILLAGIO WAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST ZIP	ST SPECKMAN, JANE M 12391 VILLAGIO WAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST ZIP	D SPECKMAN, TRENT V 12391 VILLAGIO WAY FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	

U00000379300  
01/10/06-80037-018 150.00

**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:

*Ronald E. Speckman, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD E. SPECKMAN

1/6/06

Date

(239) 561-9353

Daytime Phone #