

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003154

1. Entity Name
THE CENTER FOR FINANCIAL, LEGAL & TAX PLANNING, INC.



Principal Place of Business
**4501 W. DEYOUNG ST., SUITE 200
MARION, IL 62959**

Mailing Address
**4501 W. DEYOUNG ST., SUITE 200
MARION, IL 62959**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1116641

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASI, BART A
525 GUNWALE LANE
LONGBOAT KEY, FL 34228**

**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

Bart A. Basi **President (BART A. BASI)**

1.26.07

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BASI, BART A
525 GUNWALE LANE
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BASI, CAROL L
4501 W. DEYOUNG ST., SUITE 200
MARION, IL 62959**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000614361
02/06/07-80024-009 150.00

U00000614361
02/06/07-80024-010 8.75

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:

Bart A. Basi **(BART A. BASI)**

1.26.07

941-383-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #