

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002506

1. Entity Name
EQUITY PLANNING SECURITIES CORP.



Principal Place of Business

3355 RICHMOND ROAD
SUITE 231
BEACHWOOD, OH 44122 US

Mailing Address

3355 RICHMOND ROAD
SUITE 231
BEACHWOOD, OH 44122 US

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1091160

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2005 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
PTD
WEINGART, NED S
17480 SHELBURNE ROAD
CLEVELAND HTS, OH 44118

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KRANTZ, BYRON S
ONE CLEVELAND CENTER 1375 E 9TH STREET
CLEVELAND, OH

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

000000207137
02/01/05-80034-012 158.75

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IN THIS SPACE

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 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

NED S. WEINGART Jan. 31, 2005 (216) 595-078

Date

Daytime Phone #