


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90248 034 ***150.00

DOCUMENT # F94020 1. Entity Name FINANCIAL PLANNING CONSULTANTS, INC. OF SOUTH FLORIDA			
Principal Place of Business C/O CHARLES F. SEIP 4661 S.W. 128TH AVE FT. LAUDERDALE, FL 33330 US		Mailing Address C/O CHARLES F. SEIP 4661 S.W. 128TH AVE FT. LAUDERDALE, FL 33330 US	
2. Principal Place of Business 232 NE 1 AVE Suite, Apt. #, etc.		3. Mailing Address 232 NE 1 AVE Suite, Apt. #, etc.	
City & State High Springs FL Zip 32643		City & State High Springs FL Zip 32643	
Country USA		Country USA	
4. FEI Number 59-2225294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIP, CHARLES F 4661 S.W. 128TH AVE. FT. LAUDERDALE, FL 33330		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 232 NE 1 AVE City High Springs FL Zip Code 32643	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME SEIP, CHARLES F	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4661 S.W. 128TH AVE.	CITY-ST-ZIP FT. LAUDERDALE, FL	232 NE 1 AVE High Springs FL 32643	
TITLE TS	NAME SEIP, C WESLEY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4661 S.W. 128TH AVE.	CITY-ST-ZIP FT. LAUDERDALE, FL	232 NE 1 AVE High Springs FL 32643	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	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)(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: C. Wesley Seip		Date 4-23-04	Daytime Phone # 386-454-3865