

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # G78733

1. Entity Name
FINANCIAL PLANNING AND MANAGEMENT SERVICES,
INC.



Principal Place of Business

805 DOUGLAS AVE
SUITE 161
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

805 DOUGLAS AVE
SUITE 161
ALTAMONTE SPRINGS, FL 32714 US



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2360952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTTO, BARBARA J.
805 DOUGLAS AVENUE
SUITE 161
ALTAMONTE SPRINGS, FL 32714

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000912808
05/07/08-80094-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
OTTO, BARBARA J.
1141 SWEET HEATHER LANE
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
OTTO, BARBARA J.
1141 SWEET HEATHER LANE
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Barbara J. Otto

BARBARA J. OTTO

4-17-08

407-788-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #