2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90235 014 ***150.00

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DOCUMENT # H08812

1. Entity Name
THE CENTER FOR ESTATE AND FINANCIAL PLANNING, INC.

Principal Place of Business	Mailing Address
10800 U.S. 19 N., UNIT 125 PINELLAS PARK, FL 33782 US	P.O. BOX 21604 ST PETERSBURG, FL 33742 US

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7110 SAN CASA DR.	P.O. BOX 1923
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD, FL.	City & State: ENGLEWOOD FL.
Zip: 34224 Country: CHARLOTTE	Zip: 34295 Country: CHARLOTTE

4. FEI Number: 59-2427563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOROWSKI, PETER L 10800 U.S. 19 N., UNIT 125 PINELLAS PARK, FL 33782	Name: Borowski Peter L. Street Address (P.O. Box Number is Not Acceptable): 7110 SAN CASA DR. City: ENGLEWOOD FL Zip Code: 34224

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: Peter L Borowski
Signature, typed or printed name of person signing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOROWSKI, PETER L. 10800 US 19 N. UNIT 125 PINELLAS PARK, FL 33782	☐ Delete	P Borowski, Peter L. 7110 SAN CASA DR. Englewood, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

941-828-0090

SIGNATURE: Peter L Borowski President 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #