_2994 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H36460

I. Entity Name

FINANCIAL PLANNING ASSOCIATES, INC.

CIATES, INC.

FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

10762 SE FEDERAL HWY HOBE SOUND, FL 33455 Mailing Address

10762 SE FEDERAL HWY HOBE SOUND, FL 33455



04232004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2482693 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ZOOK-VEGA, ANN RUTH 5916 EAGLES NEST DR. JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

			114	ITIIO OI AOL
The above named entity submits this statement for the obligations of registered agent.	trine purpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent	and title if aggingable (NOTE Registered	endennis tnene l	required when reinstating)	DATE
ongradus, repetitor princis memo or registerior agoin	With the With the Control of the Con		Tacon co milet i containe i conta	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	Section Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND	DIRECTORS		***************************************	
TITLE PYD NAME ZOOK-VEGA, RUTH ANN STREET ADDRESS 5916 EAGLES NEST DR. CITY-ST-ZIP JUPITER, FL 33458				
TITLE VSD NAME FANELLI, MARK P STREET ADDRESS 1118 FORK ROAD CITY-ST-ZIP STUART, FL 34994				U00000132953 04/27/04-80066-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZBP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				VII) Florida Statistes I firsther 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 outly 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 outly that am an officer or director of the corporation or the receiver of 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

4/26/04 772 54

Daytime Phone #