


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K59106**

1. Entity Name  
**SUCCESSFUL RETIREMENT PLANNING, INC.**



Principal Place of Business      Mailing Address

**7231 LITTLE ROAD      7231 LITTLE ROAD**  
**NEW PORT RICHEY, FL 34654 US      NEW PORT RICHEY, FL 34654 US**

**DO NOT WRITE IN THIS SPACE**



02122004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0095694**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CHMIELEWSKI, MARK**  
**1900 BRIGHTWATERS BLVD NE**  
**ST. PETERSBURG, FL 33704**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PTSD CHMIELEWSKI, MARK 1900 BRIGHTWATERS BLVD NE ST PETERSBURG, FL 33704
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**DO NOT WRITE 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)(f), 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: *Mark Chmielewski*      Date: 2-12-04      Daytime Phone #: (927) 846-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR