## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT		_	Apr	00, 2005 08:00	<b>J</b>
DOCU	MENT # P010000002	200		Se	ecretary of Sta	.te	
Entity Name     FINANCIAL PLACEMENTS, INC.							
1 114	AL LOCATION TO THE STATE OF THE						
Principal Plac	ce of Business	Mailing Address	<del></del>	]			
	VINA DEL MAR BLVD. Each, Fl. 33706	2671 EAST VINA DEL MAR BLY St. Pete Beach, FL 33706	VD.	<u> </u>			
	,	·	,	03282005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numi		Applied For	—
			¥ . *	59-36		Not Applicab	le
	· <u>·</u>	· · ·		5. Certificate	te of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent					_
RUSSELL, DENNIS J 2671 EAST VINA DEL MAR BLVD. ST. PETE BEACH, FL 33706			]    - 		NOT W		i
R The above	a named entity submits this statement for the	he purpose of changing its register	ed office or register	red egent, or b	oth in the State of Fl	orlds. Lam familiar with and accer	<u>್ಷ.</u>
	tions of registered agent.	to but book or orientality in register.	an ower or reductor	ou agoin, or	Oll, at the culto c	JIIQA TEIRIMEN WAR GOOD	,
SIGNATURE	Signature, typed or printed name of registered agent and	I litto If applicable. (NOTE. Registere	ed Agent signature required	I when reinstating)	.,	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		<del></del>	-
10.	OFFICERS AND DI	RECTORS			<u> </u>		_
TITLE NAME	PTD RUSSELL, DENNIS J						
STREET ADDRESS . CITY-ST-ZIP	2671 EAST VINA DEL MAR BLVD. ST. PETE BEACH, FL 33706	· · · · · · · · · · · · · · · · · · ·	·				
TITLE	SVD		***************************************		 : LID:0001	0283329	İ
NAME Street address	RUSSELL, JANICE M 2671 EAST VINA DEL MAR BLVD.				04/06/05-	-80020-024 150.00	,
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	<u>:::</u>					i
TITLE			}				
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CATY-ST-ZIP					NOT W		Ì
TITLE NAME			Į .	IN .	THIS SF	PACE	ļ
STREET ADDRESS			İ	-	<del>-</del>	<b>-</b>	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>				l
TITLE							
NAME STREET ADDRESS	1			•			١
CITY-ST-ZIP		4. E	<del> </del>				
TITLE NAME							Ì

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: JANICE M RUSSELL, V.P. 44/2/05 7572-NIT