

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004783

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: ACCESS INSURANCE PLANNERS, INC.

## Current Principal Place of Business:

2850 N ANDREWS AVE  
FORT LAUDERDALE, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

1749 N E 26TH STREET  
FORT LAUDERDALE, FL 33305

## New Mailing Address:

2850 N. ANDREWS AVE  
FORT LAUDERDALE, FL 33311

FEI Number: 52-2293917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARDELL, PHILLIP  
2850 N ANDREWS  
FORT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WARDELL, PHILLIP  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WARDELL, HARRY  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WARDELL, JAMES A  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WARDELL, RONALD  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: ZADEN, RICHARD J  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: SEILER, JOHN P  
Address: 2850 N ANDREWS AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP M WARDELL

D

03/23/2007

Electronic Signature of Signing Officer or Director

Date