

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000017072

1. Entity Name
FREDDY VAN TONGERLOO, FINANCIAL PLANNING, INC.



Principal Place of Business
8022 W. HIAWATHA ST.
TAMPA, FL 33615-2906

Mailing Address
8022 W. HIAWATHA ST.
TAMPA, FL 33615-2906



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN TONGERLOO, FREDDY A
8022 W. HIAWATHA ST.
TAMPA, FL 33615-2906

**DO NOT WRITE
IN THIS SPACE**

5. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**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

U000000126070
04/23/04-60019-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAN TONGERLOO, FREDDY A
8022 W. HIAWATHA ST.
TAMPA, FL 336152906

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMBINI, IZABEL
8022 W. HIAWATHA ST.
TAMPA, FL 336152906

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDDY VAN TONGERLOO

4/20/2004 213-870 8551
Date Daytime Phone #