

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90048 008 \*\*\*158.75

**DOCUMENT # P02000044337**

1. Entity Name

**FUEGEL PLANNING SERVICES, INC.**



Principal Place of Business

**1424 COURT STREET STE 3  
CLEARWATER FL 33756**

Mailing Address

**1424 COURT STREET STE 3  
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**48-1274021**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$6.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FUEGEL, THOMAS  
1427 COURT STREET  
3  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Thomas J. Fiegel* **THOMAS J FUEGEL 3 Feb 06**

Signature, typed or printed name of registered agent is not applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/O	<input type="checkbox"/> Delete
NAME	FUEGEL, THOMAS J PRES	
STREET ADDRESS	1370 PINE BROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	O	<input type="checkbox"/> Delete
NAME	FUEGEL, DESTINY L SEC/TR	
STREET ADDRESS	1370 PINE BROOK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUEGEL, THOMAS J PRES	
STREET ADDRESS	1649 SOUVENIR DR,	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUEGEL, DESTINY L SEC/TR	
STREET ADDRESS	1649 SOUVENIR DR,	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Thomas J. Fiegel* **THOMAS J. FUEGEL 3 Feb 06**

Date

Daytime Phone #

**727-446-2848**