


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90017 020 \*\*\*150.00

<b>DOCUMENT # P02000131303</b>	
1. Entity Name <b>DOYLE INSURANCE PLANNING, INC.</b>	

Principal Place of Business <b>840 US HWY 1 STE 435 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>840 US HWY 1 STE 435 NORTH PALM BEACH, FL 33408</b>
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**40007919**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262005 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4229415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TRAVANI &amp; RICHTER</b> <b>840 US HWY 1 STE 435</b> <b>NORTH PALM BEACH, FL 33408</b> <b>Palm Beach Gardens FL 33410</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOYLE, CRAIG A 840 US HWY 1 STE 435 NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Margaret M Doyle - Office Manager 126 05 5616241130  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #