

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90374 019 ***150.00

DOCUMENT # P03000064983

1. Entity Name
SIGNIFICANT WEALTH MANAGEMENT, INC.



Principal Place of Business
**159 LOOKOUT PLACE
SUITE 202
MAITLAND, FL 32751**

Mailing Address
**159 LOOKOUT PLACE
SUITE 202
MAITLAND, FL 32751**

2. Principal Place of Business
1507 S. Hiawasseec Rd.

3. Mailing Address
1507 S. Hiawasseec Rd.

Suite, Apt. #, etc.
Suite 214

Suite, Apt. #, etc.
Suite 214

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32835

Country
Orange

Zip
32835

Country
Orange

04262006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0089584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMPRECHT, HILGARDT
159 LOOKOUT PLACE
SUITE 202
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
LAMPRECHT, HILGARDT

Street Address (P.O. Box Number is Not Acceptable)
1507 S. Hiawasseec Rd

Suite 214

City
Orlando

FL Zip Code
32835

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.
(same registered Agent retained)

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
LAMPRECHT, HILGARDT
159 LOOKOUT PLACE, SUITE 202
MAITLAND, FL 32751**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1507 S. Hiawasseec Rd, Suite 214
Orlando, FL 32835**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04/26/06

Date

(407) 299-4129

Daytime Phone #