

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90043 028 ***150.00

DOCUMENT # P93000002415
 1. Entity Name
RETIREMENT PLAN ADMINISTRATORS, INC.



Principal Place of Business Mailing Address
806 HIDDEN HARBOUR DRIVE **806 HIDDEN HARBOUR DRIVE**
INDIAN ROCKS BEACH FL 33785 **INDIAN ROCKS BEACH FL 33785**
US **US**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
14208 86TH TERRACE N. **14208 86TH TERRACE N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SEMINOLE FL **SEMINOLE FL**
 Zip Country Zip Country
33776 **PINELLAS** **33776** **PINELLAS**

4. FEI Number Applied For
59-3156036 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FORNARO, JOHN J
806 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent
 Name **FORNARO JOHN J**
 Street Address (P.O. Box Number is Not Acceptable)
14208 86TH TERRACE N.
 City **SEMINOLE FL** Zip Code **33776**

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 **JOHN J. FORNARO PRES.** **1-26-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FORNARO, JOHN J. 806 HIDDEN HARBOUR DR INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORNARO, ANGELA 806 HIDDEN HARBOUR DR INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORNARO, ANGELA JUNE 806 HIDDEN HARBOUR DR. INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FORNARO JOHN J. 14208 86TH TERRACE N. SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORNARO ANGELA 14208 86TH TERRACE N. SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORNARO ANGELA JUNE 14208 86TH TERRACE N. SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHN J. FORNARO PRES** **1-26-04** **727 585-5889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #