


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business Mailing Address  
 14208 86TH TERRACE N. 14208 86TH TERRACE N.  
 SEMINOLE FL 33776 SEMINOLE FL 33776  
 US US

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 (10/04)

4. FEI Number **59-3156036** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FORNARO, JOHN J**  
**14208 86TH TERRACE N.**  
**SEMINOLE FL 33776**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORNARO, ANGELA 14208 86TH TERRACE N. SEMINOLE FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORNARO, ANGELA JUNE 14208 86TH TERRACE N. SEMINOLE FL 33776	<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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000294452 04/08/05-80070-008 150.00	
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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)(D), 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. 4-5-05 727 596 8748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #