

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P9300QQ06590

1. Entity Name
ASSET PLANNING GROUP, INC.



Principal Place of Business
**7700 N KENDALL DR
STE #203
MIAMI, FL 33156 US**

Mailing Address
**7700 N KENDALL DR
STE #203
MIAMI, FL 33156 US**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0397092

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOSKY, THOMAS R
5940 S W 86TH STREET
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/05

**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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
KERKER, HARRIS L
9313 S HAMPTON PLACE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST
KOSKY, THOMAS R
5940 S W 86TH STREET
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-STATE-ZIP

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IN THIS SPACE**

**U000000317274
04/20/05-80012-013 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/18/05

Date

Daytime Phone #

800 953 5508