
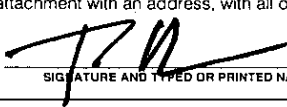


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90128 025 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P93000017668</b><br>1. Entity Name<br><b>1ST AMERICAN ESTATE PLANNING, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>2536 COUNTRYSIDE BLVD.<br/>SIXTH FLOOR<br/>CLEARWATER, FL 33763</b>   |  |   | Mailing Address<br><b>2536 COUNTRYSIDE BLVD.<br/>SIXTH FLOOR<br/>CLEARWATER, FL 33763</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   |  |  |
| Zip   | Country                                      | Zip   | Country   | 4. FEI Number<br><b>59-3180688</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>NORTH, HEATHER L<br/>2536 COUNTRYSIDE BLVD.<br/>SIXTH FLOOR<br/>CLEARWATER, FL 33763</b>   |  |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                     |  |  |
| TITLE   | V <input checked="" type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>DAVISON, FLOYD</b>                        |   | NAME  |  |  |
| STREET ADDRESS  | <b>2536 COUNTRYSIDE BLVD, 6TH FLOOR</b>      |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | <b>CLEARWATER, FL 33763</b>                  |   | CITY - ST - ZIP   |  |  |
| TITLE   | P <input type="checkbox"/> Delete            |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>NORTH, TIMOTHY</b>                        |   | NAME  |  |  |
| STREET ADDRESS  | <b>2536 COUNTRYSIDE BLVD., 6TH FLOOR</b>     |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | <b>CLEARWATER, FL 33763</b>                  |   | CITY - ST - ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete              |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME  |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete              |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME  |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete              |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME  |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |  |   | CITY - ST - ZIP   |  |  |
| 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:   |  |   | <b>TIMOTHY NORTH</b> APR 21 2004  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date</small>   |  |  |
|   |  |   | <small>Daytime Phone #</small>  |  |  |