2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P94000079869

Entity Name: FLORIDA INSURANCE PLANNERS & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1707 N MILLS AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

417 CENTERPOINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

P.O. BOX 915077
LONGWOOD, FL 327915077 US

New Mailing Address:

FEI Number: 59-3286184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
723 E COLONIAL DR
SUITE 200
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SZCZEPANEK, KEN
Address: 1707 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SZCZEPANEK, KEN
Address: 417 CENTERPOINTE CIRCLE SUITE 1737
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN SZCZEPANEK PRES 02/10/2005

Electronic Signature of Signing Officer or Director Date