

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022918

FILED  
Apr 18, 2004  
Secretary of State

**Entity Name:** ESTATE PLANNING SPECIALISTS (EPS), INC.

**Current Principal Place of Business:**

5665 TRAILWINDS DRIVE  
#626  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5665 TRAILWINDS DRIVE  
#626  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0570316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, PATRICK B  
2227 TREEHAVEN CIRCLE  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

ROBINSON, PATRICK B  
5665 TRAILWINDS DR. 3626  
FT MYERS, FL 33907 US

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: \_\_\_\_\_

04/18/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ROBINSON, PATRICK B  
Address: 2227 TREEHAVEN CIRCLE  
City-St-Zip: FT MYERS, FL 33907

Title: PD ( ) Delete  
Name: HECK, ROBERT P  
Address: 4289 MARINER WAY, #112  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: ROBINSON, PATRICK B  
Address: 5665 TRAILWINDS DR. #626  
City-St-Zip: FT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICK B. ROBINSON

VP

04/18/2004

Electronic Signature of Signing Officer or Director

Date