

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S62811
 1. Entity Name
 THE ESTATE PLANNING TEAM, INC.



Principal Place of Business: 2500 N. MILITARY TRAIL, SUITE 283, BOCA RATON, FL 33431 US
 Mailing Address: 2500 N. MILITARY TRAIL, SUITE 283, BOCA RATON, FL 33431 US



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0273677 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEWMAN, RICHARD K
 2500 N. MILITARY TRAIL
 SUITE 283
 BOCA RATON, FL 33431

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

UD0000062112
 02/23/04-80108-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDTR
NAME	NEWMAN, RICHARD K
STREET ADDRESS	3700 S OCEAN BLVD #409
CITY - ST - ZIP	HIGHLAND BEACH, FL 32487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____ Date: 2/17/04 Daytime Phone #: 561-988-8890