

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90029 020 \*\*\*150.00

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

40011474



2. Principal Place of Business  
3363 W Commercial Blvd  
Suite, Apt. #, etc. Suite 100

3. Mailing Address  
PO Box 812170  
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State  
H Lauderdale

City & State  
H Lauderdale

Zip  
33309

Country

Zip  
33481-2170

Country

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

7. Name and Address of New Registered Agent

NEWMAN, RICHARD K  
2500 N. MILITARY TRAIL  
SUITE 283  
BOCA RATON, FL 33431

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3363 W Commercial Blvd  
Suite 100  
City & State  
H Lauderdale FL Zip Code  
33309

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 reappointing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTR NEWMAN, RICHARD K 3700 S OCEAN BLVD #409 HIGHLAND BEACH, FL 32487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05