

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90092 019 \*\*\*150.00

**DOCUMENT # V26337**

1. Entity Name  
**INSURANCE PLANNING SERVICES, INC.**



Principal Place of Business  
**3712 71ST TERR  
SARASOTA, FL 34243 US**

Mailing Address  
**3712 71ST TERR E  
SARSTOA, FL 34243 US**



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0323032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LANZI, DAVID JOSEPH  
3712 71ST TERR E  
SARASOTA, FL 34243**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LANZI, DAVID JOSEPH 3712 71ST TERR E SARASOTA, FL</b>
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**DAVID J. LANZI PRESIDENT 05/02/07 941-809-6186**

40105858

#V26337

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Date: Tue, 01 May 2007 22:00:23 -0500 (CDT)

From: aaad3712@verizon.net [ View Contact Details ] Add Mobile Alert

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To: corphelp@dos.state.fl.us

CC: extremetraveldavid@yahoo.com

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I have attempted all day today the first day of May to file the annual report for three corps. I was unsuccessful on all of my attempts to file this report I would have mailed info but was under the impression the web site was available 24/7 It was not in service today May 1. If someone can please assist me with this problem so I will not incur any penalty I would appreciate it. Thank You

DavidLanzi  
V26337  
PO6000146032  
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