

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68110

Entity Name: RETIREMENT PLANNING ASSOCIATES, INC.**Current Principal Place of Business:**1052 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708**Current Mailing Address:**1052 WILLA SPRINGS DRIVE
WINTER SPRINGS, FL 32708 US**FEI Number:** 59-3009279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, TREASURER, DIRECTOR
Name SKINNER, MARK M.
Address 99 WOOD AVE SOUTH
SUITE 501
City-State-Zip: ISELIN NJ 08830

Title CFO, DIRECTOR
Name RIORDAN, MATTHEW G.
Address 99 WOOD AVE SOUTH
SUITE 501
City-State-Zip: ISELIN NJ 08830

Title CO-PRESIDENT
Name AVALLONE, JOSEPH
Address 1052 WILLA SPRINGS DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

Title CO-PRESIDENT
Name PAYNE, DAVID
Address 1052 WILLA SPRINGS DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

Title SENIOR VICE PRESIDENT,
SECRETARY
Name PIERRE, JACQUES S.
Address 99 WOOD AVENUE SOUTH
SUITE 501
City-State-Zip: ISELIN NJ 08830

Title PRESIDENT, VC, DIRECTOR
Name SCHNEIDER, MEGAN
Address 99 WOOD AVENUE
City-State-Zip: ISELIN NJ 08830

Title CO-PRESIDENT
Name BORGAILO, MICHAEL
Address 1052 WILLA SPRINGS DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW G. RIORDAN**CHIEF FINANCIAL
OFFICER****04/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date