

2021 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	EXECUTIVE CHAIRMAN, ASSISTANT SECRETARY, TREASURER
Name	DUGHI, ROBERT C.
Address	99 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830

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

Title	CHIEF FINANCIAL OFFICER, ASSISTANT SECRETARY, SECRETARY
Name	RIORDAN, MATTHEW G.
Address	99 WOOD AVE SOUTH 501
City-State-Zip:	ISRELIN NJ 08830

Title	CHIEF EXECUTIVE OFFICER, PRESIDENT
Name	AVALLONE, JOSEPH
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**SECRETARY****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date