

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000109082

**Entity Name:** INSURANCE PLANNING AND CONSULTING DIVISION OF S5  
FINANCIAL, INC.

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC8132672028**

**Current Principal Place of Business:**

28960 US HIGHWAY 19 NORTH  
SUITE 103  
CLEARWATER, FL 33761

**Current Mailing Address:**

28960 US HIGHWAY 19 NORTH  
SUITE 103  
CLEARWATER, FL 33761

**FEI Number: 42-1606525**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAZZARI, PETER R CPA  
28960 US HIGHWAY 19 NORTH  
SUITE 103  
CLEARWATER, FL 33761 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: PETER R LAZZARI**

**02/04/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MR.  
Name SILBERT, DAVID MPRES.  
Address 28960 US HIGHWAY 19 NORTH #103  
City-State-Zip: CLEARWATER FL 33761

*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: DAVID M SILBERT**

**PRESIDENT**

**02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date