

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000109082

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

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC0668882757**

**Current Principal Place of Business:**

DAVID SILBERT C/O A&B INSURANCE  
1408 N WESTSHORE BLVD SUITE 708  
TAMPA, FL 33607

**Current Mailing Address:**

DAVID SILBERT C/O A&B INSURANCE  
5310 CYPRESS CENTER DR SUITE 101  
TAMPA, FL 33609 US

**FEI Number: 42-1606525**

**Certificate of Status Desired: No**

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

DOGALI, ANTHONY AB ESQ  
C/O DOGALI LAW GROUP, P.A.  
101 EAST KENNEDY BLVD. SUITE 1100  
TAMPA, FL 33602 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:** ANTHONY ANDERSON BENTON DOGALI

01/24/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MR.  
Name SILBERT, DAVID M PRESIDENT  
Address C/O DOGALI LAW GROUP, P.A.  
101 EAST KENNEDY BLVD. SUITE  
1100  
City-State-Zip: TAMPA FL 33602

*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 SILBERT

PRESIDENT

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date