

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 022 ***158.75

DOCUMENT # G37033 1. Entity Name THE INDEPENDENT SAVINGS PLAN COMPANY					
Principal Place of Business 6420 BENJAMIN ROAD TAMPA, FL 33634-5112 US			Mailing Address 6420 BENJAMIN ROAD TAMPA, FL 33634-5112 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2290504	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GINSBERG, MICHAEL D ESQ 6420 BENJAMIN ROAD TAMPA, FL 33634				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS SCHABES, ROBERT J, JR 6420 BENJAMIN ROAD TAMPA, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mary P. Valdez 6420 Benjamin Road Tampa, FL 33634-5199 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENTLEY, CW II 6420 BENJAMIN ROAD TAMPA, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHABES, ROBERT W 6420 BENJAMIN ROAD TAMPA, FL 336345112 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert J. Schabes Jr.</u> 2/10/04 (813) 881-1988 X-233 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44011029



02022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2290504

Applied For
Not Applicable

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

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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
**PTDS
SCHABES, ROBERT J, JR
6420 BENJAMIN ROAD
TAMPA, FL**

☐ Delete

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CITY-ST-ZIP
**V
Mary P. Valdez
6420 Benjamin Road
Tampa, FL 33634-5199**

☐ Change

☒ Addition

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BENTLEY, CW II
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP
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SCHABES, ROBERT W
6420 BENJAMIN ROAD
TAMPA, FL 336345112**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #