


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90011 045 \*\*\*150.00

DOCUMENT # P01000082921

1. Entity Name  
 PLANIT, INC.



Principal Place of Business  
 126 MICHIGAN AVENUE  
 INDIALANTIC, FL 32903

Mailing Address  
 1413 S PATRICK RD  
 STE 7  
 INDIALANTIC, FL 32937

**54022656**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 1413 S. Patrick Drive  
 Suite 7

02262004 Chg-P CR2E034 (10/03)

City & State  
 Indian Harbour Beach, FL

4. FEI Number  
 59-3743973

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 O'BRIEN, JAMES M ESQ  
 1686 WEST HIBISCUS BLVD  
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent  
 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) (NOT F. Registered Agent signature required when reinstating) DATE

**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 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANNER, CHARLES R 126 MICHIGAN AVENUE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: C. R. TANNER 1-28-04 321-720-5595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davaine Phone #