2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P02000115038

Entity Name: NAVIGATOR FINANCIAL PLANNING SERVICES, INC.

Current Principal Place of Business:

99 LAURIE DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

99 LAURIE DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 82-0571807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHYNARD, M.A.
515 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

PORTER, WILLIAM J JR.
99 LAURIE DR.
ORMOND BEACH, FL 32176 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: WILLIAM J PORTER, JR. 01/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PORTER, JR., WILLIAM J
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP ( ) Delete
Name: PORTER, III, WILLIAM J
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP ( ) Delete
Name: PORTER, JANETTE
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: SECR (X) Delete
Name: PORTER, PATRICIA
Address: 9177 SE 120 LOOP
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: TREA (X) Delete
Name: PORTER, SR, WILLIAM J
Address: 9177 SE 120 LOOP
City-St-Zip: SUMMERFIELD, FL 34491 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition
Name: PORTER, JR., WILLIAM J
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP,D (X) Change ( ) Addition
Name: PORTER, III, WILLIAM J
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: S,D (X) Change ( ) Addition
Name: PORTER, JANETTE
Address: 99 LAURIE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLLIAM J PORTER, JR. P 01/11/2006
Electronic Signature of Signing Officer or Director Date