



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90038 033 ***150.00

DOCUMENT # P04000045157					
1. Entity Name ADVANCE MORTGAGE PLANNING GROUP, INC.					
Principal Place of Business 6150 SR 70 EAST BRADENTON, FL 34203			Mailing Address 6150 SR 70 EAST BRADENTON, FL 34203		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0866488	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNING, ROBERT W JR. ESQ ONE NORTH TUTTLE AVENUE SARASOTA, FL 34237				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/M NAME MARTIN T. KOELLHOFFER STREET ADDRESS 12306 Winding Woods Way CITY-ST-ZIP Bradenton, Florida 34202	<input type="checkbox"/> Delete		TITLE P/M NAME MARTIN T. KOELLHOFFER STREET ADDRESS 12306 Winding Woods Way CITY-ST-ZIP Bradenton, Florida 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V/S/T/D NAME Filia C. Koellhoffer STREET ADDRESS 12306 Winding Woods Way CITY-ST-ZIP Bradenton, Florida 34202	<input type="checkbox"/> Delete		TITLE V/S/T/D NAME Filia C. Koellhoffer STREET ADDRESS 12306 Winding Woods Way CITY-ST-ZIP Bradenton, Florida 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ MARTIN T. KOELLHOFFER Pres. 3-24-2005 941-545-8005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					