2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 07, 2004 8:00 am Secretary of State DOCUMENT # P02000082181 06-07-2004 90005 001 ***150.00 A PERMIT PLANNERS INC. Principal Place of Business Mailing Address **サエルやりよりり** 6327 RIVERWACK LANE #3 6327 RIVERWACK LANE JUPITER, FL 33456 JUPITER, FL 33456 2. Principal Place of Business 3. Mailing Address 21 rest war four miles W InDian Suite, Apt. #, etc. - 🛶 --06042004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 51-0420477 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, PETER Street Address (P.O. Box Number is Not Acceptable) 6327 RIVERWACK LANE #3 ドングるうなら JUPITER, FL 33456 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 age nd title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing ___**\$5,00**:May,Be, FILE NOW!!!_ FEE IS \$550.00. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10.4 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 2. Change Addition NAME . . . NUNEZ, PETER 1 NAME 6671 In Diantown Rd 456 STREET ADDRESS 6347 RIVERWACK LANE #3 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP 1 TITLE TITLÉ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

PED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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A PERMIT PLANNER INC. 6671 W INDIANTOWN ROAD, SUITE 56 JUPITER, FL 33458-3893

June 4, 2004

Florida Department of State
Division of corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE:

Document (202000082181

Dear Sirs:

I am writing to you in regards to the Annual Report that was due for my business on May 1, 2004.

I did not realize that I owed the Ststae of Florida \$150.00 as a part of the annual report. I did not receive a card in that mail from you since I moved my business during the year. It was not until I wa completing my income tax returns that my accountant brought this latter to my attention.

I am enclosing abith the 2004 Annual Report, as well as a check for \$150.00. I am hoping that you can find a way to waive the late fee and penalty for me. As I am noew aware that this is due every year, I will not be late again. Thank you for your consideration in the matter.

Sincerely,

Peter Nunez President, A PERMIT PLANNER, INC.