2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #325512

STREET ADDRESS

CITY-ST-ZIP



FILED

Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90030 044 ***150.00 1. Entity Name PLANNING CORPORATION OF AMERICA Principal Place of Business Mailing Address 94059716 880 CARILLON PKWY 880 CARILLON PKWY PO BOX 12749 PO BOX 12749 ST PETERSBURG, FL 33733-2749 ST PETERSBURG, FL 33733-2749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/03) 04012004 Chg-P City & State Applied For City & State 4. FEI Number 59-1199408 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHUCK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 880 CARILLON PKWY ST. PETERSBURG, FL 33716 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD PD TITLE X Delete TITLE Change Addition Scott A. Curtis NAME SIPE, JAMES H. NAME 880 CARILLON PKWY STREET ADDRESS STREET ADDRESS 880 Carillon Pkwy. ST. PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIF Petersburg, FL 33716 D TITLE Delete TITLE Change R Addition JULIEN, JEFFREY P. NAME NAME Richard G. Averitt, III STREET ADDRESS 880 CARILLON PKWY STREET ADDRESS 880 Carillon Pkwy. ST. PETERSBURG, FL CITY-ST-ZIP CITY-ST-7IP <u>St. Petersburg.</u> FL Delete Change ☐ Addition TITLE TITLE NAME ZANK, DENNIS W. NAME 880 CARILLON PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE FRANZ, RICHARD II NAME NAME STREET ADDRESS 880 CARILLON PKWY STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME MAZIAD, ELIZABETH NAME 880 CARILLON PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP ☐ Change □ Addition ☐ Delete NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

Richard B. Franz, IIADD A 8 20727 + 567 - 3800 SIGNATURE FICER OF DIRECTOR SIGNATURE AND T