


2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 325512
 1. Entity Name
PLANNING CORPORATION OF AMERICA



Principal Place of Business 880 CARILLON PKWY PO BOX 12749 ST PETERSBURG, FL 33733-2749	Mailing Address 880 CARILLON PKWY PO BOX 12749 ST PETERSBURG, FL 33733-2749
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1199408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SHUCK, ROBERT
 880 CARILLON PKWY
 ST. PETERSBURG, FL 33716**

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, SCOTT A 880 CARILLON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERITT, RICHARD G III 880 CARILLON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANK, DENNIS W. 880 CARILLON PKWY ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANZ, RICHARD II 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAZIAD, ELIZABETH 880 CARILLON PARKWAY ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000361728
 05/05/05-80085-026 150.00

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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: Richard B Franz II Richard B Franz II 4/28/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727 567 380