


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90187 021 ***150.00

DOCUMENT # 325512

1. Entity Name
PLANNING CORPORATION OF AMERICA



Principal Place of Business Mailing Address
880 CARILLON PKWY **880 CARILLON PKWY**
PO BOX 12749 **PO BOX 12749**
ST PETERSBURG, FL 33733-2749 **ST PETERSBURG, FL 33733-2749**

40069180



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1199408 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUCK, ROBERT
880 CARILLON PKWY
ST. PETERSBURG, FL 33716

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME **STOIZ, SCOTT**
 STREET ADDRESS **880 CARILLON PKWY**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE P/D Change Addition
 NAME **Stolz, Scott**
 STREET ADDRESS **880 Carillon Pkwy**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE D Delete
 NAME **AVERITT, RICHARD G III**
 STREET ADDRESS **880 CARILLON PKWY**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE AT Change Addition
 NAME **Bond, Bradley**
 STREET ADDRESS **880 Carillon Parkway**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE D Delete
 NAME **ZANK, DENNIS W.**
 STREET ADDRESS **880 CARILLON PKWY**
 CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE V Change Addition
 NAME **Swink, James**
 STREET ADDRESS **880 Carillon Parkway**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE T Delete
 NAME **FRANZ, RICHARD II**
 STREET ADDRESS **880 CARILLON PKWY**
 CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE AV Change Addition
 NAME **Bahng, Hyd**
 STREET ADDRESS **880 Carillon Parkway**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE SV Delete
 NAME **MAZIAD, ELIZABETH**
 STREET ADDRESS **880 CARILLON PARKWAY**
 CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE AV Change Addition
 NAME **Jones, Walter**
 STREET ADDRESS **880 Carillon Parkway**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS Change Addition
 NAME **wilson, Donna**
 STREET ADDRESS **880 Carillon Parkway**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE: Bradley Bond 4/6/07 727-567-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #