2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# 382425

Entity Name: PROFESSIONAL PLANNING SERVICES, INC.

Current Principal Place of Business:

2151 E SEMORAN BLVD
APOPKA, FL 32703

New Principal Place of Business:

815 MILLSTREAM LANE
ORMOND BEACH, FL 32174

Current Mailing Address:

2151 E SEMORAN BLVD
APOPKA, FL 32703

New Mailing Address:

815 MILLSTREAM LANE
ORMOND BEACH, FL 32174

FEI Number: 59-1350375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUGARDNER, JR, WILLIAM L
2151 E SEMORAN BLVD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WILSON, BRUCE H
815 MILLSTREAM LANE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: BRUCE H. WILSON 02/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BAUMGARDNER, WILLIAM L JR
Address: 2151 E SERMORAN BLVD
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete
Name: BAUMGARDNER, ANNA K
Address: 2151 E SERMORAN BLVD
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: BAUMGARDNER, BRIAN J
Address: 2151 E SERMORAN BLVD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILSON, BRUCE H
Address: 815 MILLSTREAM LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC. (X) Change ( ) Addition
Name: WILSON, KIMBERLY J
Address: 815 MILLSTREAM LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRES (X) Change ( ) Addition
Name: WILSON, KIMBERLY J
Address: 815 MILLSTREAM LANE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE H. WILSON PRES 02/17/2004
Electronic Signature of Signing Officer or Director Date