

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 590979

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CAPITAL PLANNING CORP.

**Current Principal Place of Business:**

1103 FLORIDA AVE.  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 760  
PALM HARBOR, FL 346820760 US

**New Mailing Address:**

FEI Number: 59-1901947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, GARY K  
1103 FLORIDA AVENUE  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUSSELL, GARY K,  
Address: 1103 FLORIDA AVENUE  
City-St-Zip: PALM HARBOR, FL

Title: STD ( ) Delete  
Name: RUSSELL, NANCY M.  
Address: 1103 FLORIDA AVENUE  
City-St-Zip: PALM HARBOR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY K. RUSSELL

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date