


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90087 027 ***150.00

DOCUMENT # 668514 1. Entity Name CITYPLAN, INC.			
Principal Place of Business %ROBERT J. NORTON 126 E. OLYMPIA AVE., STE 408 PUNTA GORDA, FL 33950		Mailing Address %ROBERT J. NORTON 126 E. OLYMPIA AVE., STE 408 PUNTA GORDA, FL 33950	
2. Principal Place of Business 1625 W. Marion Ave Suite, Apt. #, etc. Suite 14-A City & State Punta Gorda, FL Zip 33950		3. Mailing Address 1625 W. Marion Ave Suite, Apt. #, etc. Suite 14-A City & State Punta Gorda, FL Zip 33950	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTON, ROBERT J. 126 E. OLYMPIA AVENUE, STE 408 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Robert J. Norton Street Address (P.O. Box Number is Not Acceptable) 1625 W. Marion Ave, Suite 14-A City Punta Gorda FL Zip Code 33950	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Robert J. Norton 1/19/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARR, WAYNE 4832 AIRPORT ROAD PUNTA GORDA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORTON, ROBERT J 126 E. OLYMPIA AVE PUNTA GORDA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATZELT, JUTTA 126 E. OLYMPIA AVE PUNTA GORDA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Robert J. Norton 1625 W. Marion Ave, Ste 14-A Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jutta Patzelt 1625 W. Marion Ave, Ste 14-A Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Robert J. Norton 1/19/05 941-639-0311 <small>Date Daytime Phone #</small>	

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