

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006230

FILED
May 01, 2004
Secretary of State

Entity Name: AMERICAN FINANCIAL PLANNING GROUP, INC.

Current Principal Place of Business:

18820 US HWY 19 NO, STE 215
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

18820 US HWY 19 NO, STE 215
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 20-0350365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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: CP () Delete
Name: MARTIN, JOHN F
Address: 3150 SANDY RIDGE DR
City-St-Zip: CLEARWATER, FL 33761

Title: VPS () Delete
Name: MARTIN, COLLEEN R
Address: 3150 SANDY RIDGE DR
City-St-Zip: CLEARWATER, FL 33761

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: JOHN F. MARTIN

P

05/01/2004

Electronic Signature of Signing Officer or Director

Date