


FILED
Feb 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 022 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0400000982					
1. Entity Name SENIOR PLANNERS OF INDIANA, INC.					
Principal Place of Business 4092 WHITEBARK PLANTATION MIDDLEBURG, FL 32068			Mailing Address 4092 WHITEBARK PLANTATION MIDDLEBURG, FL 32068		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTINI, WILLIAM D 4092 WHITEBARK PLANTATION MIDDLEBURG, FL 32068				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 <i>Judith E. Martini</i> <u>Judith E. Martini</u> <u>1-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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	PC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, WILLIAM D			NAME	
STREET ADDRESS	4092 WHITEBARK PLANTATION			STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, JUDITH E			NAME	
STREET ADDRESS	4092 WHITEBARK PLANTATION			STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Judith E. Martini</i> <u>Judith E. Martini</u> <u>1-20-05</u> <u>904-281-2339</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01172005 Chg-P CR2E034 (10/03)

4. FEI Number 35-2150552 Applied For Not Applicable

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