

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001856

Entity Name: LIFEPLAN ADVISORS, INC.

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1530 CROWNE ORMOND LN  
SUITE 518  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1530 CROWNE ORMOND LN  
SUITE 518  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-5714611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOOD, STEPHEN  
1530 CROWNE ORMOND LN  
SUITE 518  
ORMOND BEACH, FL 32174 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

**OFFICERS AND DIRECTORS:**

Title: CPS  
Name: HOOD, STEPHEN  
Address: 1530 CROWNE ORMOND LN #518  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN HOOD

PRES

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date