2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F95000002280

1. Entity Name
BUSINESS PLANNING ASSOCIATES, INC. DELAWARE

Principal Place of Business	Mailing Address
P.O. BOX 55	P.O. BOX 55
OLDSMAR, FL 34677	OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
51-0366465	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

GRIFFIN, JOHN J
3635 DURAL ST.
PALM HARBOR, FL 34675

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PCDT
NAME	GRIFFIN, JOHN J
STREET ADDRESS	3635 DURAL ST.
CITY-ST-ZIP	PALM HARBOR, FL 34675
TITLE	S
NAME	GRIFFIN, C M
STREET ADDRESS	3635 DURAL ST.
CITY-ST-ZIP	PALM HARBOR, FL 34675
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   John T Griffin   4/12/04   ____ 8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #