


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

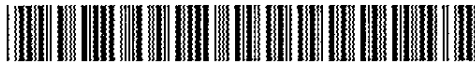
DOCUMENT # H43243 1. Entity Name COLLEGE FINANCIAL PLANNING CORPORATION	
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Principal Place of Business 9329 WALDEMAR INDIANAPOLIS, IN 46268	Mailing Address P.O. BOX 78222 INDIANAPOLIS, IN 46278
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FONNER, SAM T.
6622 SOUTHPOINT DR., SOUTH
STE 495
JACKSONVILLE, FL 32216



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2530668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105213 04/07/04-80013-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FONNER, SAM T. 9329 WALDEMAR INDIANAPOLIS, IN 46268
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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)(f), 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:  **4/6/04 317 875 9150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #