


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # H91999 1. Entity Name INVESTMENT PLANNING, INC. |  |
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|---|---|
| Principal Place of Business 2909 BAY TO BAY BLVD. STE 409 TAMPA, FL 33629 US | Mailing Address 2909 BAY TO BAY BLVD. STE 409 TAMPA, FL 33629 US |
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number 59-2623546 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

SORENSEN, H. ROYAL
2909 BAY TO BAY BLVD.
SE 409
TAMPA, FL 33629

**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 \$350.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SORENSEN, H. ROYAL 2909 BAY TO BAY BLVD. STE 409 TAMPA, FL |
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01/16/04-80041-005 150.00

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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: H. ROYAL SORENSEN 1-14-04 813-835-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #