


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90165 037 ***150.00

DOCUMENT # J68791 1. Entity Name PARK PLACE FINANCIAL PLANNING, INC.					
Principal Place of Business 2514 SW 27TH AVENUE OCALA, FL 34474 US			Mailing Address 2514 SW 27TH AVENUE OCALA, FL 34474 US		
2. Principal Place of Business 9340 N.W. Hwy 27 Suite, Apt. #, etc. Suite 109 City & State OCALA FL Zip 34482		3. Mailing Address 8100 N.W. 47th LN Suite, Apt. #, etc. City & State Ocala, FL Zip 34482			
Country FLORIDA		Country FLORIDA			
4. FEI Number 59-2976800			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUNKER, CLEON 8100 NW 47TH LANE OCALA, FL 34482			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Cleon Bunker</i></u> 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BUNKER, CLEON		<input type="checkbox"/> Delete		
STREET ADDRESS 8100 NW 47TH LANE	CITY-ST-ZIP OCALA, FL 34482		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME BUNKER, EDWARD R		<input type="checkbox"/> Delete		
STREET ADDRESS 8100 NW 47TH LN	CITY-ST-ZIP OCALA, FL 34482		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Cleon Bunker</i></u>			4/26/04		352-873-1344
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

94068764



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