

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90359 019 ***150.00

DOCUMENT # J68791

1. Entity Name
PARK PLACE FINANCIAL PLANNING, INC.



Principal Place of Business
9340 N.W. HWY 27
SUITE 109
OCALA, FL 34482 US

Mailing Address
9340 N.W. HWY 27
SUITE 109
OCALA, FL 34482 US

66018565



2. Principal Place of Business

7340 N.W. HWY 27

3. Mailing Address

8100 N.W. 47TH LN

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

04132006 Chg-P CR2E034 (11/05)

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2976800

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34482

Country

MARION

5. Certificate of Status Desired ☐

\$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

FL

Zip Code

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: Cleon Bunker

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature is required when resigning)

6/8/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: BUNKER, CLEON
STREET ADDRESS: 8100 NW 47TH LANE
CITY-ST-ZIP: OCALA, FL 34482

TITLE: VP ☐ Delete
NAME: BUNKER, EDWARD R
STREET ADDRESS: 8100 NW 47TH LN
CITY-ST-ZIP: OCALA, FL 34482

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cleon Bunker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/06
DATE

Daytime Phone #