

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90182 011 \*\*\*158.75

DOCUMENT # L03133

1. Entity Name

FLORIDA PLANNING GROUP, INC.



Principal Place of Business

13500 SUTTON PARK DR. S  
SUITE 401  
JACKSONVILLE FL 32224-5291  
US

Mailing Address

P.O. BOX 656  
PONTE VEDRA BEACH FL 32004-0656



2. Principal Place of Business - No P.O. Box #

3539 SANCTUARY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JACKSONVILLE BEACH, FL

City & State

4. FEI Number

59-2961360

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ELAINE S  
13500 SUTTON PARK DRIVE SOUTH  
SUITE 401  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name  
ELAINE S. WRIGHT

Street Address (P.O. Box Number is Not Acceptable)

3539 SANCTUARY BLVD

City

JACKSONVILLE BEACH, FL

Zip Code

32250

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

*Elaine S. Wright*

ELAINE S. WRIGHT, PRESIDENT

4/16/07

(Signature, typed or printed name of registered agent and title is acceptable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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  
D  
WRIGHT, ELAINE S.  
3539 SANCTUARY BLVD  
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
KELLY, STEPHEN J.  
1886 FOSS LANE  
JACKSONVILLE BEACH FL 32250 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
ENGH, EDITH V.  
2715 AVE "A"  
NEWPORTVILLE PA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Elaine S. Wright*

ELAINE S. WRIGHT

Date

4/16/07 (904) 821-8281

Daytime Phone #