## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2005 08:00 AM DOCUMENT # L93116 **Secretary of State** THE CORPORATE PLANNING GROUP, INC. Principal Place of Business Mailing Address 16073 AURA LANE BOKEELIA FL 33922 P. O. BOX 490 PINELAND FL 33945 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3034476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNELLA, GWENDOLYN Street Address (P.O. Box Number is Not Acceptable) 16073 AURĂ LANE **BOKEELIA FL 33922** City Zip Code FL 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 egiptered agent. SIGNATUBE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. illE ☐ Delete Change ☐ Addition 02/17/05-80043-006 150.00 CANNELLA, GWENDOLYN G NAME STREET ADDRESS 16073 AURA LANE STREET ADDRESS CITY-ST-ZIP **BOKEELIA FL 33922** CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Telle ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7iP CITY-ST-ZIP TITLE ☐ Delete DDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receives 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 in Block 12 in Block 11 in Block 11

FILED

SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COACHINGTON DOLL J. 14-01

changed, or on an attachment

address, with all other