## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # L93116** 1. Entity Name 02-29-2008 90013 003 \*\*\*150.00 THE CORPORATE PLANNING GROUP, INC. Mailing Address Principal Place of Business 16073 NURAKANE BOKEELIA, EL 33922 P. O. BOX 490 PINELAND, FL 33945 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Ant # etc. CR2E034 (12/06) 02182008 Chg-P Applied For 4. FEI Number City & State City & State 6210 ari Not Applicable 59-3034476 \$8.75 Additional 5. Certificate of Status Desired Lec 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GWENDOLYN CANNELLA** Street Address (P.O. Box Number is Not Acceptable) 16073 AURA LANE BOKEELIA, FL 33922 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent manature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TILE ☐ Delete TITLE Change Addition **CANNELLA, GWENDOLYN G** NAME NAME STREET ADDRESS 16073 AURA LANE STREET ADORESS CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DTY-ST-7P CTY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C11Y-51-ZP CITY-ST-7/P TITLE ☐ Defete ☐ Change Addition TITLE 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 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:

239-283-9502

**FILED** 

Feb 29, 2008 8:00 am