

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90206 016 \*\*\*150.00

<b>DOCUMENT # P00000063367</b>					
<b>1. Entity Name</b> PLANNING PARTNERSHIPS, INC.					
<b>Principal Place of Business</b> 10221 RIVERS TRAIL DRIVE ORLANDO, FL 32817			<b>Mailing Address</b> 10221 RIVERS TRAIL DRIVE ORLANDO, FL 32817		
<b>2. Principal Place of Business</b> 3585 Murrell Rd. Suite A		<b>3. Mailing Address</b> 3585 Murrell Rd. Suite A			
City & State Rockledge, FL		City & State Rockledge, FL		<b>4. FEI Number</b> 59-3656737	
Zip 32955		Country Brevard		Applied For Not Applicable	
City & State Rockledge, FL		City & State Rockledge, FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PEETZ, TODD T 10221 RIVERS TRAIL DRIVE ORLANDO, FL 32817			<b>7. Name and Address of New Registered Agent</b> Name: Tom Myers Street Address (P.O. Box Number is Not Acceptable): 3585 Murrell Rd. Suite A City: Rockledge, FL Zip Code: 32955		
<b>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.</b>					
SIGNATURE: <i>Tom M</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 4-26-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEETZ, TODD T 10221 RIVERS TRAIL DRIVE ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Tom Myers 3585 Murrell Rd Suite A Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MYERS, TOM 10221 RIVERS TRAIL DRIVE ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Tom M</i> (Tom Myers, President) 4-26-04 321-427-1086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					