


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000085504 1. Entity Name GROUP PLANS SOLUTIONS, INC.	
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Principal Place of Business 5150 S. FLORIDA AVE. 5120 STE. 308 LAKELAND, FL 33813	Mailing Address P.O. BOX 5164 LAKELAND, FL 33807-5164
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0797037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DON A SR
2609 DEERBROOK DR.
LAKELAND, FL 33811

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IN THIS SPACE**

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT BENNETT, DON A 2609 DEERBROOK DRIVE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENNETT, JANICE 2609 DEERBROOK DRIVE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBB, JOHN R 3216 NORTH THACKERY WAY PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Don A Bennett, President, Treasurer 1-9-2007 863-709-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #