## 2004 FOR PROFIT CORPORATION

ANNUAL REPORT					Apr 26, 2	2004
DOCUMENT # P02000107883					Secrei	tary of State
INDEPENDENT PLANNING AND CONSULTING GROUP, INC.					÷	
504 WYMOR	rincipal Place of Business Mailing Address  04 WYMORE RD 504 WYMORE RD  VINTER PARK, FL 32789 US WINTER PARK, FL 32789		JS			
D	OO NOT WRITE I	04222004 No Chg-P CR2E034 (10/03)				
	6. Name and Address of Current Reg	istered Agent		"		
BODIE, J. SCOTT 1033 LAKE BELL DRIVE WINTER PARK, FL 32789				-	NOT WI	
8. The above	named entity eubmits this statement for the	purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flor	ida. I am familiar with, and accept
the obligat	tions of registered agent.	Sali-				
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if applicable (NOTE, Registere	d Agent signature require	d when reinstating)		DATE
		Election Campaign Final     Trust Fund Contribution.		i.00 May Be ded to Fees	U00000 04/26/04-	0129317 -80073-018 150.00
10.	OFFICERS AND DIR	ECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	BODIE, J. SCOTT  1033 LAKE BELL DRIVE  WINTER PARK, FL 32789					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D CAIRNS, ROBERT 4611 LARDO PLACE ORLANDO, FL 32812					· · •
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE
TITLE NAME STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 emprowered 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 addresse, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNM TO HE AND TYPED OR PRINTED NAME OF STORTING OFFICER OR DIRECTOR