## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2006 08:00 AM DOCUMENT # P02000128541 **Secretary of State** 1. Entity Name PLANET FLIP, INC. Principal Place of Business Malling Address 9424 BAYMEADOWS RD, STE 100 9424 BAYMEADOWS RD, STE 100 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4232912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROLFE, LAWRENCE C DO NOT WRITE 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202 IN THIS SPACE 6. 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 this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00001479488 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 04/10/06-80005-019 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ROWLAND, CHARLES L STREET ADDRESS 9424 BAYMEADOWS RD, STE 100 JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE NAME STREET ADDRESS C67-S1-78 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-719 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

EMATURE AND TYPED OR PRINTED DAME OF SIGNING DEFICER OR DIRECTOR

3.22.06

704-737855子

**FILED** 

Daytime Phone 9