


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90198 011 ***150.00

DOCUMENT # P03000072976

1. Entity Name
BY THE PLANET, INC.



Principal Place of Business
**1325 NW 52ND AVE
 GAINESVILLE, FL 32653**

Mailing Address
**4300 NW 23RD AVENUE
 SUITE 21
 GAINESVILLE, FL 32614**

14004390



2. Principal Place of Business
**5111 NW 13TH STREET
 SUITE A**

3. Mailing Address
**4300 NW 23RD AVENUE
 SUITE 21**

04272005 Chg-P CR2E034 (10/03)

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
65-1201630

Applied For
 Not Applicable

Zip Country
32609 U.S.A.

Zip Country
32606 U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MUTCH & LEVINE, P.A.
 2114 NW 40TH TERRACE
 SUITE A-1
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent
 Name **ANTHONY MCKNIGHT**
 Street Address (P.O. Box Number is Not Acceptable)
5111 NW 13TH STREET SUITE A
 City **GAINESVILLE FL** Zip Code **32609**

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 *Anthony Mcknight* (NOTE: Registered Agent signature required when reinstating) DATE **4-27-2005**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, ATHONY 2260 NW 47TH ST GAINESVILLE, FL 32605 <input 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	S MCKNIGHT, ROBIN A 2260 NW 47TH ST GAINESVILLE, FL 32605 <input 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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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

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.

SIGNATURE: *Anthony Mcknight* DATE **4-27-2005** DAYTIME PHONE # **352-367-8600**