

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063527

FILED
Apr 29, 2009
Secretary of State

Entity Name: RESIDENTIAL PLANNERS INC.

Current Principal Place of Business:

8810 COMMODITY CIR,
SUITE 21
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8810 COMMODITY CIR,
SUITE 21
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-1005114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIZABETH MATOS
16740 MAGNOLIA TERRACE
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATOS, DAN E
Address: 16740 MAGNOLIA TERRACE
City-St-Zip: MONTVERDE, FL 34756

Title: O () Delete
Name: MORELLO, JOSEPH
Address: 5749 FIVE FLAGS BLVD.
City-St-Zip: ORLANDO, FL 32822

Title: O (X) Delete
Name: FIGUEROA, MARCO
Address: P.O. BOX 420224
City-St-Zip: KISSIMMEE, FL 34742

Title: S/O () Delete
Name: MATOS, ELIZABETH
Address: 16740 MAGNOLIA TERRACE
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH MATOS

O

04/29/2009

Electronic Signature of Signing Officer or Director

Date