## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 04-12-2005 90141 027 \*\*\*150.00 DOCUMENT # P04000093331 1. Entity Name CPA FINANCIAL PLANNING INC Principal Place of Business Mailing Address 66016285 3869 S NOVA ROAD 3869 S NOVA ROAD SUITE #1 SUITE #1 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 0182325 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required ~~-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLATER, GWENDOLYN Street Address (P.O. Box Number is Not Acceptable) 3869 S NOVA ROAD SUITE #1 PORT ORANGE, FL 32127 City Zip Code 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 Squature typed or printed name of registered dysra and the diagnocable. (NOTE: Registered Agent signature required whon rainststing) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITTE Addition TITLE Delete ☐ Chance SLATER, GWENDOLYN NAME HAME STREET ADDRESS STREET ADDRESS 211 N BRIGHTON DR CITY-ST-ZP CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE ☐ Deleta TITLE Change Addition MASAF HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change Addition DILE HAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZP COTY-ST-ZIP TITLE Delete TITLE ☐ Change - Addition NAME STREET ANDRESS STREET ADDRESS CITY-57-28 CITY-ST-ZIP THELE ☐ Delcte TITLE ☐ Chance ☐ Addition NEME 2444 STREET ADIORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ATMIRESS CSTY-ST-ZIF CITY-51-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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attachinguity with an address, with all other like empowered. 4/4/05 386-767-3006

OFFICER OR DIRECTOR

FILED

May 09, 2005 8:00 am Secretary of State