P41076

· (Re	questor's Name)	
•	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	·
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TRANSMITTAL LETTER

TO: Amendment Section September 29, 2004 Division of Corporations
SUBJECT: J.W.B. Plan-Vest Financial Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P41076
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
riease retain an correspondence concerning this matter to the following.
John W. Boville
(Name of Person)
(Name of Firm/Company)
619 Avenue Road, Suite 602
(Address)
Toronto, Ontario m4v-2k6 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
John W. Boville at (416) 407-2845 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

L.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	37.0302(2), 617.0302(2), 607.1309, 61617.1309,		
Florida Statutes, the undersigned,	Michael Bowlus		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	J.W.B. Plan-Vest Financial Services, Inc. (Name of Corporation)		
P41076	and the second s		
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last known add	iress.	
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on whi	ich	
Much	Mature of Resigning Agent)		
(Sig	mature of Resigning Agent)	04 (
If signing on behalf of an entity:	LAH		
	ASS	- F	
	N/A	2 2	
	Typed or Printed Name)	r πε Ο Λ ω	
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Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)