

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 008 ***150.00

DOCUMENT # P93000060899 1. Entity Name SOUTHWEST FINANCIAL PLANNING GROUP, INC.					
Principal Place of Business 3775 AIRPORT RD N SUITE A NAPLES, FL 34105 US			Mailing Address 3775 AIRPORT RD N SUITE A NAPLES, FL 34105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0425090	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
G 1 N G Craig Goodie 7912 Tiger Lily Dr. Naples, FL 34113				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOODE, CRAIG J	NAME			
STREET ADDRESS	118 WHITEHEART AVE	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 33937	CITY-ST-ZIP			
OLD ADDRESS G Craig Goodie 7912 Tiger Lily Dr. Naples, FL 34113		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP		TITLE <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: <u>Craig J. Goodie</u> CRAIG J. GOODIE (Pres.) 1-28-05 (239)775-6409					