

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044799

FILED
Apr 28, 2004
Secretary of State

Entity Name: INNOVATIVE PLANNERS, INC.

Current Principal Place of Business:

3641 W KENNEDY BLVD
SUITE C
TAMPA, FL 33609 US

New Principal Place of Business:

5144 W.IDLEWILD AVE.,
TAMPA, FL 33634 US

Current Mailing Address:

3641 W. KENNEDY BLVD
SUITE C
TAMPA, FL 33609 US

New Mailing Address:

5144 W.IDLEWILD AVE.,
TAMPA, FL 33634 US

FEI Number: 59-3326541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, PATRICIA M
5313 BAYSHORE BLVD
TAMPA, FL 33611 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: PS () Delete
Name: PALMER, PATRICIA M.
Address: 5313 BAYSHORE BLVD
City-St-Zip: TAMPA, FL

Title: VPT () Delete
Name: BUTTERFIELD, JANICE I
Address: 9720 GUNN HWY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JANICE I. BUTTERFIELD

VPT

04/28/2004

Electronic Signature of Signing Officer or Director

Date