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Secretary of State
04-28-2005 90200 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000079345

1. Entity Name
DIVISION 5 PLANNING COMPANY, INC.

14UUJU6Z

Principal Place of Business	Mailing Address
POST OFFICE BOX 6058 STARKE, FL 32091	POST OFFICE BOX 6058 STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3342534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRISBEE, JAMES R
417 E WELDON ST
STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

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 _____ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRISBEE, JAMES R
STREET ADDRESS	417 E WELDON ST.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	ST
NAME	CONNER, STEVEN W
STREET ADDRESS	1106 PARK AVENUE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	FRISBEE, KENNETH J
STREET ADDRESS	4260 CHOKEBERRY RD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ James R. FRISBEE (904) 964-4513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
4-11-05