2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010322

1. Entity Name
PLANNED INVESTMENT AND MANAGEMENT, INC



FILED Mar 24, 2004 8:00 am Secretary of State

Principal Place of Business 7952 US HWY OKE 79	LAMINE	SHAVESHALLAT AND WAY	A COLINEITY, ACO.			ı	03-24-2004 90	0045 033 ***1	50.00		
Suite. Apt. #. etc.	7952 US HWY ONE		7952 US1 PO BOX 773			† 173 181			 		
City & State State State	2. Principal Place of Business		3. Mailing Address								
Country Zip Country Zip Country S. Certificate of State Additional Pole Required S. Certificate of State Additional Pole Republic S. Certificate of State Addition S. Certificate of State Additional Pole Republic S. Certificate of State Addit	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-P	CR2E034 (10	/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent Name VILKES, CATHERINE S 646 HONEYSUCKLE LANE SUITE I Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. B	City & State		City & State				836				
Name	Zip	Country	Zip	Country		5. Certificate of	Status Desired			onal	
WILKES, CATHERINES 466 FRONEYSUCKLE LANE SUITE 1 VERO REACH, FL 32963 8. The above named entity submits this statement for the outpose of changing its registered office or reg stered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE Summar, topic or period rame of registered agent. OFTE Programmo Agent signature secund when relocating.		6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agent			
Street Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is Not Acceptable) #### Address (P.O. Box Number is Not Acceptable) ##### Address (P.O. Box Number is Not Acceptable) ###################################		· · · · · · · · · · · · · · · · · · ·	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name	Name Ware CARLES C						
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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	12. I hereby	1	th this filing does not qualify fo	or the exemption sta	ted in Sec	tion 119.07(3)(i)	Florida Statutes.	I further certify that	the info	ormation	

indicated on this report or supplemental report is true and accurate and final my signature shall have the same legal effect as it 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.