2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000010322

1. Entity Name

PLANNED INVESTMENT AND MANAGEMENT, INC.



FILED
Mar 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

7952 US HWY ONE WABASSO, FL 32970 Mailing Address

7952 US1 PO BOX 773

WABASSO, FL 32970



01072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0648836

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKES, CATHERINE S 646 HONEYSUCKLE LANE VERO BEACH, FL 32963

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or t	egistered agent, or b	oth, in the State of Florida I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of repisterod agent and tide i	f applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	• • • • • • • • • • • • • • • • • • •
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	900000452445 03/11/06-80026-021	150.00
10.	OFFICERS AND DIREC	TORS				V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WILKES, CATHERINE S 646 HONEYSUCKLE LANE VERO BEACH, FL 32963					
TITLE NAME STREET ADDRESS CITY-ST-ZE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE					
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN THIS SPACE			
TITLE MAME STITEET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-IP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

18/00

772.388-3337

Daytime Phone #