

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90321 011 \*\*\*150.00

**DOCUMENT # P96000074496**

1. Entity Name

ACCU-PLAN, INC.



Principal Place of Business

6055 WAUHULA RD  
PALMETTO FL 34221  
US

Mailing Address

PO BOX 1727  
BRADENTON FL 34206-1727  
US

04001000



MOORE CR2E034 (11/03)

2. Principal Place of Business

6055 WAUHULA RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MYAKKA CITY, FL

City & State

City & State

4. FEI Number

65-0691287

Applied For

Not Applicable

Zip

34251

Country

USA

Zip

Zip

Country

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME MAZZEI, NEAL L  
STREET ADDRESS 6055 LUAUHLARD  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME PETERS, JOHN E II  
STREET ADDRESS 5508 82ND AVE E  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME PETERS, DONNA  
STREET ADDRESS 5508 82ND AVE E  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MAZZEI, KARL R  
STREET ADDRESS 397 S MILL CREEK RD  
CITY-ST-ZIP SILEX MO 63377

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MAZZEI, MARTHA L  
STREET ADDRESS 6055 WAUHULA RD  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

NEAL L. MAZZEI

4/08/04

(941) 726-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #