## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000019505

1. Entity Name ADVANCED PLANNING, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

52 ST AUGUSTINE BLVD ST AUGUSTINE, FL 32080 Mailing Address

52 ST AUGUSTINE BLVD ST AUGUSTINE, FL 32080



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

5. Certificate of Status Desired

59-3440964

\$8.75 Additional Fee Required

Not Applicat

BERK, JEANETTE F 52 ST AUGUSTINE BLVD

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

STAUGUSTINE, FL 32004			IN THIS SPACE			
8. The above the obligat	e named entity submits this statement for the p trons of registered agent.	burpose of changing its registered o	office or i	registered agent, or t	poth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE Registered Ag	ent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	g .	\$5.00 May Be Added to Fees	UN0000608367 UZ/01/07-80006-022	150.00
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P BERK, JEANETTE F 52 ST. AUGUSTINE BLVD ST AUGUSTINE, FL 32004	CTORS	-			
TITLE NAME STREET ADDRESS GHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WRITE	
NAME STREET ADDRESS CITY - ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						

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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61-24-07/904823-848