


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90218 015 \*\*\*150.00

**DOCUMENT # P97000028679**

1. Entity Name  
**GROUP PLANS, INC.**



Principal Place of Business  
**5150 S. FLORIDA AVE**  
**SUITE 308**  
**LAKELAND, FL 33813 US**

Mailing Address  
**P.O. BOX 5164**  
**LAKELAND, FL 33807-5164**

**60001650**



2. Principal Place of Business - No P.O. Box #  
**5120 S. FLORIDA AVE**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 308**

01082007 Chg-P CR2E034 (12/06)

City & State  
**LAKELAND, FL.**

City & State

Zip  
**33813** Country  
**USA**

4. FEI Number  
**59-3446755**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BENNETT, DON A SR**  
**2609 DEERBROOK DRIVE**  
**LAKELAND, FL 33811**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BENNETT, JANICE	
STREET ADDRESS	2609 DEERBROOK DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBB, JOHN R	
STREET ADDRESS	3216 NORTH THACKERY WAY	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	BENNETT, DON A	
STREET ADDRESS	2609 DEERBROOK DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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: Don Bennett President/ Treasurer 1/9/2007 863-709-1086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #