


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90061 030 \*\*\*150.00

<b>DOCUMENT # P97000030273</b> 1. Entity Name <b>ADVANCED RETIREMENT AND INVESTMENT PLANNING, INCORPORATED</b>					
Principal Place of Business <b>P.O. BOX 250 DUNNELLON, FL 34430-0250</b>			Mailing Address <b>P.O. BOX 250 DUNNELLON, FL 34430-0250</b>		
2. Principal Place of Business <b>20372 E. PENNSYLVANIA AVE</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite J</b>			
City & State <b>DUNNELLON, FL 34432</b>		City & State <b>DUNNELLON, FL 34432</b>		4. FEI Number <b>59-3434437</b>	
Zip <b>34432</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EMERY, WILLIAM T 10734 NORTH HATARI DRIVE P.O. Box 669 CITRUS SPRINGS, FL 34430 DUNNELLON, FL 34430</b> <b>STREET LOCATION: 11963 N. ELKCAM BLVD. DUNNELLON, FL 34433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>William T. EMERY</b> SIGNATURE: <u><i>William T. Emery</i></u> <u><i>William T. Emery, President</i></u> <u><b>4-11-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMERY, WILLIAM T</b> <b>P.O. BOX 669</b> <b>DUNNELLON, FL 34430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMERY, MARY R</b> <b>10734 N HATARI DRIVE P.O. Box 669</b> <b>CITRUS SPRINGS, FL 34430 DUNNELLON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMERY, MARK W</b> <b>11963 N ELKCAM BLVD</b> <b>DUNNELLON, FL 34433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u><i>William T. Emery</i></u> <u><i>William T. Emery</i></u> <u><b>4-11-05</b></u> <u><b>352.465-7354</b></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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