## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P97000030273

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

ADVANCED RETIREMENT AND INVESTMENT PLANNING, INCORPORATED



**FILED** 

Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90127 026 \*\*\*150.00

☐ Change

☐ Change

■ Addition

☐ Addition

Principal Place of Business Mailing Address 4004000\* 20372 E PENNSYLVANIA AVE P.O. BOX 250 **DUNNELLON, FL 34432** DUNNELLON, FL 34430-0250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3434437 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMERY, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 11963 N ELKCAM BLVD P O BOX 669 DUNNELLON, FL 34433 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition EMERY, WILLIAM T NAME NAME STREET ADDRESS P.O. BOX 669 STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34430 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE EMERY, MARY R NAME NAME STREET ADDRESS P O BOX 669 STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34430 CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME EMERY, MARK W NAME STREET ADDRESS 11963 N ELKCAM BLVD STREET ADDRESS CHY-SI-7IP DUNNELLON, FL 34433 CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 tipe empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Delete

Delete

Villiam T- Somes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF William T. Emery SIGNATURE: \_