

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000034017

1. Entity Name
PLANNED FINANCIAL SECURITY & GROUP, INC.



Principal Place of Business

1868 W. RUTLAND DR
DUNNELLON, FL 34434 US

Mailing Address

1868 W. RUTLAND DR
DUNNELLON, FL 34434 US

FILED
Apr 27, 2005 08:00 AM
Secretary of State



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0743690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLOANE, RUTH A
1868 W. RUTLAND DR
DUNNELLON, FL 34434

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME SLOANE, RUTH A
STREET ADDRESS 1868 W. RUTLAND DR
CITY-ST-ZIP DUNNELLON, FL 34434

TITLE D
NAME SLOANE, KRISTIAN M
STREET ADDRESS 1868 W. RUTLAND DR
CITY-ST-ZIP DUNNELLON, FL 34434

TITLE V
NAME SLOANE, RUTH A
STREET ADDRESS 1868 W. RUTLAND DR
CITY-ST-ZIP DUNNELLON, FL 34434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Un00000335681
04/27/05-80095-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ruth A. Sloane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

352-429-7262
Daytime Phone #