

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000045880

1. Entity Name  
THE PLANNING CONNECTION, INC.



**FILED  
Apr 30, 2004 8:00 am  
Secretary of State**

04-30-2004 90239 036 \*\*\*150.00

Principal Place of Business  
5127 NW 27TH AVENUE  
GAINESVILLE, FL 32606

Mailing Address

5127 NW 27TH AVENUE  
GAINESVILLE, FL 32606

2. Principal Place of Business  
4525 NW 36TH AVE

3. Mailing Address  
4525 NW 36TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
GAINESVILLE FL

City & State  
GAINESVILLE FL

Zip  
32606

Country

Zip  
32606

Country

**6. Name and Address of Current Registered Agent**

CASSARLY, JACALYN  
5127 NW 27TH AVENUE  
GAINESVILLE, FL 32606-6414

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
City \_\_\_\_\_ Zip Code **FL**

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 restating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
CASSARLY, JACALYN  
5127 NW 27 AVE  
GAINESVILLE, FL 32606

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

CASSARLY, JACALYN  
4525 NW 36 AVENUE  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Jacelyn Cassarly*

*4/28/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #