

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 013 ***150.00

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1. Entity Name

PLATINUM PLANNING, INC.



Principal Place of Business

286 107 AVE
TREASURE ISLAND FL 33706

Mailing Address

138 107TH AVE.
SUITE 335
TREASURE ISLAND FL 33706



2. Principal Place of Business

6827 First Avenue SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

4. FEI Number

59-3571058

Applied For

Not Applicable

Zip

33707

Country USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEFNER, JOHN R JR.
146 2ND ST
STE 300
ST. PETERSBURG FL 33701

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME TOWNE, ALYN III
STREET ADDRESS 286 107 AVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VP ☐ Delete
NAME GREGG, DAVID
STREET ADDRESS 286 107 AVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 138 107th Ave Suite 335
STREET ADDRESS Treasure Island FL 33706
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 138 107th Ave Suite 335
STREET ADDRESS Treasure Island FL 33706
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Allyn Towne III Allyn Towne III President

Date

Daytime Phone #