

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000033149

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** GEMINI FINANCIAL PLANNING, INC.

**Current Principal Place of Business:**

433 WEKIVA COVE ROAD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

433 WEKIVA COVE ROAD  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

433 WEKIVA COVE ROAD  
LONGWOOD, FL 32779

**New Mailing Address:**

433 WEKIVA COVE ROAD  
LONGWOOD, FL 32779 US

**FEI Number:** 59-3638617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONRAD, JUDY L D  
433 WEKIVA COVE RD  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CONRAD, JUDY L  
Address: 433 WEKIVA COVE ROAD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D  
Name: WINGER, DAVID M  
Address: 433 WEKIVA COVE ROAD  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDY L CONRAD

DIRE

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date