

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

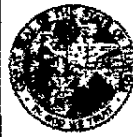
FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # S36755

1. Entity Name

MONEY PLAN CORPORATION



Principal Place of Business

**9675 4TH STREET NORTH
SAINT PETERSBURG, FL 33702 US**

Mailing Address

**9675 4TH STREET NORTH
SAINT PETERSBURG, FL 33702 US**



01102006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3055666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DREWES, JOHN G.
9675 4TH STREET N.
SAINT PETERSBURG, FL 33702**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

**U00000558083
05/17/06-80062-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **DREWES, JOHN G**
STREET ADDRESS **9675 4TH STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **PD**
NAME **FISHER, STEVEN D.**
STREET ADDRESS **4640 SHORTLEAF LANE NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #