

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106832

**Entity Name:** LIFE PLANNING PARTNERS, INC.

**Current Principal Place of Business:**

6550 ST. AUGUSTINE ROAD  
302  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6550 ST. AUGUSTINE ROAD  
302  
JACKSONVILLE, FL 32217

**FEI Number:** 20-0264555

**Certificate of Status Desired:** No

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

MCCLANAHAN, CAROLYN  
961 OLD GROVE MANOR  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title            PRES  
Name           MCCLANAHAN, CAROLYN  
Address        961 OLD GROVE MANOR  
City-State-Zip: JACKSONVILLE FL 32207

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:** CAROLYN MCCLANAHAN

**PRESIDENT**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date