

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007299

FILED
Feb 09, 2011
Secretary of State

Entity Name: RETIREMENT PLAN CONSULTANTS, INC.

Current Principal Place of Business:

8331 E. WALKER SPRINGS LN
STE 301
KNOXVILLE, TN 37923

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32999
KNOXVILLE, TN 37930

New Mailing Address:

FEI Number: 62-6319489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CHRM
Name: SYKES, TIM D
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

Title: CEO
Name: KECK, KYLA
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

Title: P
Name: KING, SEAN G
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

Title: VP
Name: HOBBS, NATALIE
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301
City-St-Zip: KNOXVILLE, TN 37923

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: CHRIS MORSE

DIR

02/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date