

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171961

Entity Name: PENSION PLANNERS, INC.

FILED  
Jan 05, 2011  
Secretary of State

**Current Principal Place of Business:**

1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 20-2053740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RALEY, JAMES M JR  
1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110 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: RALEY, JAMES M JR  
Address: 1045 CROSSPOINTE DR SUITE 2  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: RALEY, JOANNE C  
Address: 1045 CROSSPOINTE DR SUITE 2  
City-St-Zip: NAPLES, FL 34110

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: JOANNE RALEY

VP

01/05/2011

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

\_\_\_\_\_ Date