

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F62240

**Entity Name:** PENSION INVESTORS CORPORATION OF ORLANDO  
INCORPORATED

**FILED**  
**Feb 25, 2016**  
**Secretary of State**  
**CC3916015945**

**Current Principal Place of Business:**

220 CENTRAL PARKWAY  
SUITE 3040  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

220 CENTRAL PARKWAY  
SUITE 3040  
ALTAMONTE SPRINGS, FL 32701

**FEI Number: 59-2166422**

**Certificate of Status Desired: No**

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

MESSETT, TIMOTHY L  
220 E. CENTRAL PARKWAY  
STE 3040  
ALTAMONTE SPRINGS, FL 32701 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 PD  
Name MESSETT, TIMOTHY L  
Address 6854 S ATLANTIC AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP  
Name WIENER, LAWRENCE  
Address 3981 N. 32ND TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

Title T  
Name WREN, BRENDA W  
Address 351 MAGNOLIA PLACE  
City-State-Zip: DEBARY FL 32713

Title S  
Name STEVENS, KATHLEEN L  
Address 604 PINTO COURT SOUTH  
City-State-Zip: WINTER SPRINGS FL 32708

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: BRENDA W WREN**

**TREASURER**

**02/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date