

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019785

Entity Name: AMERICAN PENSION SERVICES, INC.**Current Principal Place of Business:**2451 N MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER, FL 33759**Current Mailing Address:**2451 N MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER, FL 33759**FEI Number:** 59-3631236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWER, TERRANCE P
2451 N MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER, FL 33759 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:** TERRANCE P POWER

01/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	POWER, TERRANCE P
Address	2451 N MCMULLEN BOOTH ROAD SUITE 200
City-State-Zip:	CLEARWATER FL 33759

Title	D
Name	TROTT, DELORES L
Address	2451 N MCMULLEN BOOTH ROAD SUITE 200
City-State-Zip:	CLEARWATER FL 33759

Title	S
Name	TROTT, DELORES L
Address	2451 N MCMULLEN BOOTH ROAD SUITE 200
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	POWER, TERRANCE P
Address	2451 N MCMULLEN BOOTH ROAD SUITE 200
City-State-Zip:	CLEARWATER FL 33759

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: TERRANCE POWER, CFP, ERPA, CRPS, QPA

CEO

01/16/2021

Electronic Signature of Signing Officer/Director Detail

Date