

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000019785

**Entity Name:** AMERICAN PENSION SERVICES, INC.**Current Principal Place of Business:**2454 N MCMULLEN BOOTH ROAD  
SUITE 431  
CLEARWATER, FL 33759**Current Mailing Address:**2454 N MCMULLEN BOOTH ROAD  
SUITE 431  
CLEARWATER, FL 33759 US**FEI Number:** 59-3631236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWER, TERRANCE P  
2454 N MCMULLEN BOOTH ROAD  
SUITE 431  
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

01/31/2023

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 PAUL POWER

PRESIDENT

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date