

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000171961

**Entity Name:** PENSION PLANNERS, INC.

**Current Principal Place of Business:**

1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110

**Current Mailing Address:**

1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110

**FEI Number:** 20-2053740

**Certificate of Status Desired:** No

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

RALEY, JAMES MJR  
1045 CROSSPOINTE DR SUITE 2  
NAPLES, FL 34110 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            D  
Name            RALEY, JAMES MJR  
Address        1045 CROSSPOINTE DR SUITE 2  
City-State-Zip: NAPLES FL 34110

Title            D  
Name            RALEY, JOANNE C  
Address        1045 CROSSPOINTE DR SUITE 2  
City-State-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

01/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date