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 C RALEY

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RALEY, JAMES MJR 1045 CROSSPOINTE DR SUITE 1 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:

Officer/Director Detail :					
Title	D	Title	D		
Name	RALEY, JAMES MJR	Name	RALEY, JOANNE C		
Address	1045 CROSSPOINTE DR SUITE 1	Address	1045 CROSSPOINTE DR SUITE 1		
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110		

DOCUMENT# P04000171961

Entity Name: PENSION PLANNERS, INC.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1045 CROSSPOINTE DR SUITE 1 NAPLES. FL 34110

Current Mailing Address:

1045 CROSSPOINTE DR SUITE 1 NAPLES. FL 34110 US

FEI Number: 20-2053740

Certificate of Status Desired: No

FILED Jan 16, 2020 Secretary of State 8312207773CC

Date

01/16/2020 Date

VICE PRESIDENT