

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021663

**Entity Name:** THE PENSION CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

6108 VILLAGE OAKS DRIVE  
STE B  
PENSACOLA, FL 32504

**Current Mailing Address:**

6108 VILLAGE OAKS DRIVE  
STE B  
PENSACOLA, FL 32504

**FEI Number: 59-3560915**

**Certificate of Status Desired: No**

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

ALLISON, LESLIE A  
6108 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504 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	P	Title	VP
Name	ALLISON, EDGAR LIII	Name	ALLISON, LESLIE A
Address	6108 VILLAGE OAKS DR	Address	6108 VILLAGE OAKS DR.
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504

*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: LESLIE ALLISON**

**OWNER**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date