

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 360048

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PAI PENSION SERVICES, INC.

**Current Principal Place of Business:**

106 ALLAMANDA DR.  
P. O. BOX 87  
LAKELAND, FL 338020087 US

**New Principal Place of Business:**

53 LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

**Current Mailing Address:**

106 ALLAMANDA DR.  
P. O. BOX 87  
LAKELAND, FL 338020087 US

**New Mailing Address:**

53 LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

**FEI Number:** 59-1369891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, GERALD J  
106 ALLAMANDA DR.  
LAKELAND, FL 33803 US

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

YATES, EDITH L  
53 LAKE MORTON DRIVE  
LAKELAND, FL 33801 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: EDITH L. YATES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, GERALD J  
Address: 106 ALLAMANDA DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: D  
Name: YATES, EDITH L  
Address: 53 LAKE MORTON DRIVE  
City-St-Zip: LAKELAND, FL 33801

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: EDITH L. YATES

D.

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date