

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 365570

1. Entity Name
PENSION MASTER OF FLORIDA, INC.



Principal Place of Business
**2841 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US**

Mailing Address
**2841 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1301050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOREVITZ, MARK
2841 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ANKNER, RAYMOND
STREET ADDRESS	2002 4 ST S.
CITY- ST- ZIP	NAPLES, FL 33940
TITLE	P
NAME	HOREVITZ, MARK
STREET ADDRESS	2841 HOLLYWOOD BLVD
CITY- ST- ZIP	HOLLYWOOD, FL
TITLE	STD
NAME	HANSEN, JOHN JR.
STREET ADDRESS	801 MONROE AVENUE N.W.
CITY- ST- ZIP	GRAND RAPIDS, MI
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000132143
04/27/04-80035-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E Hansen Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (616) 459-1050
Date Daytime Phone #