

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 005 ***150.00

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	
2. Principal Place of Business 800 Monroe Ave NW Suite, Apt. #, etc. STE 214 City & State Grand Rapids, Mi. Zip 49503 Country Kent		3. Mailing Address 800 Monroe Ave NW Suite, Apt. #, etc. STE 214 City & State Grand Rapids, Mi. Zip 49503 Country Kent	
4. FEI Number 59-1301050		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOREVITZ, MARK 2841 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Raymond Ankner Street Address (P.O. Box Number is Not Acceptable) 2150 Marina Dr City Naples FL Zip Code 34102	
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 _____ DATE 7/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANKNER, RAYMOND 2002 4 ST S. NAPLES, FL 33940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Ankner, Raymond 2150 Marina Dr Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOREVITZ, MARK 2841 HOLLYWOOD BLVD HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANSEN, JOHN JR. 801 MONROE AVENUE N.W. GRAND RAPIDS, MI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/13/2006 Daytime Phone # (616) 455-1050	