

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488635

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** PENSION FINANCIAL CONSULTANTS, INC.

**Current Principal Place of Business:**

271 FIRST AVE. NORTH  
NAPLES, FL 33940

**New Principal Place of Business:**

**Current Mailing Address:**

271 FIRST AVE. NORTH  
NAPLES, FL 33940

**New Mailing Address:**

**FEI Number:** 59-1647910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYNOLDS, PATRICIA  
271 1 AVE NORTH  
NAPLES, FL 33940 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWALLEN, STEPHEN B,  
Address: 271 1ST AVE NORTH  
City-St-Zip: NAPLES, FL

Title: PST ( ) Delete  
Name: LEWALLEN, STEPHEN B,  
Address: 271 1ST AVE NORTH  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: LEWALLEN, SUSAN  
Address: 13495 HWY 36 W  
City-St-Zip: COTTONWOOD, CA 96022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** STEPHEN B. LEWALLEN

PRES

01/15/2008

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

\_\_\_\_\_  
Date