2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90027 001 ***150.00

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1. Entity Name
THE PENSION COMPANY ORLANDO

Principal Place of Business	Mailing Address
ONE PURLIEU PLACE SUITE 825 WINTER PARK, FL 32792 US	ONE PURLIEU PLACE SUITE 825 WINTER PARK, FL 32792 US

01192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ONE PURLIEU PLACE	ONE PURLIEU PLACE
Suite, Apt. #, etc.: SUITE 260	Suite, Apt. #, etc.: SUITE 260
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32792 Country:	Zip: 32792 Country:

4. FEI Number: 59-1935595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIGGINS, CURT 1 PURLIEU PLACE STE 285 WINTER PARK, FL 32792	Name: WIGGINS, CURT Street Address (P.O. Box Number is Not Acceptable): ONE PURLIEU PLACE, SUITE 260 WINTER PARK, FL 32792 City: FL Zip Code:

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 X [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) X 2/4/8 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WIGGINS, CURT 1 PURLIEU PLACE STE 285 WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WIGGINS, CURT 1 PURLIEU PLACE, STE 260 WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 2/4/8 Date 407 678-7666 Daytime Phone #