


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90049 035 \*\*\*150.00

<b>DOCUMENT # F05000007379</b>	
1. Entity Name PINNACLE FINANCIAL SERVICES, INC. HQ MO	

Principal Place of Business 424 SOUTH WOODS MILL RD STE 210 CHESTERFIELD, MO 63017	Mailing Address 424 SOUTH WOODS MILL RD STE 210 CHESTERFIELD, MO 63017
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2. Principal Place of Business - No P.O. Box # 16052 Swingley Ridge Rd Suite, Apt. #, etc. Suite 200 City & State Chesterfield, mo Zip 63017 Country USA	3. Mailing Address 16052 Swingley Ridge Rd Suite, Apt. #, etc. Suite 200 City & State Chesterfield, mo Zip 63017 Country USA
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03202007 Chg-P CR2E034 (12/06)

4. FEI Number 43-1929483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SHELLY K 901 RIGGINS #1021 TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP SOLOMON, TODD K CDP 224 WEST MANOR DR CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Todd Solomon - President 3/20/07 636-812-4663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #