

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62240

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: PENSION INVESTORS CORPORATION OF ORLANDO INCORPORATED

**Current Principal Place of Business:**

220 CENTRAL PARKWAY  
SUITE 3040  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

220 CENTRAL PARKWAY  
SUITE 3040  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 59-2166422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MESSETT, TIMOTHY L  
220 E. CENTRAL PARKWAY  
STE 3040  
ALTAMONTE SPRINGS, FL 32701 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: PD ( ) Delete  
Name: MESSETT, TIMOTHY L  
Address: 6854 S ATLANTIC AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP ( ) Delete  
Name: WIENER, LAWRENCE  
Address: 3981 N. 32ND TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T ( ) Delete  
Name: WREN, BRENDA W  
Address: 351 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713 US

Title: S ( ) Delete  
Name: STEVENS, KATHLEEN L  
Address: 604 PINTO COURT SOUTH  
City-St-Zip: WINTER SPRINGS, FL 32708 US

**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:

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: BRENDA W. WREN

TREA

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date