


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # J30260 1. Entity Name PENSION PLAN PROFESSIONALS, INC.	
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Principal Place of Business 101 CENTURY 21 DR. SUITE 202 JACKSONVILLE, FL 32216 US	Mailing Address C/O LEBOEUF, LAMB, GREENE, & MACRAE 50 N LAURA ST., SUITE 2800 JACKSONVILLE, FL 32202 US
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03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2720707	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, DALE F. 101 CENTURY 21 DR. SUITE 202 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, DALE F. 101 CENTURY 21 DR., SUITE 202 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, SHARON L 101 CENTURY 21 DRIVE SUITE 202 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARROLL, JOANN 101 CENTURY 21 DR., SUITE 202 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

000001010694
04/18/05-2005-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dale F. Smith DALE F. SMITH 4/8/05 904-727-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #