2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L96056

1. Entity Name
PENSION FUNDS MORTGAGE SERVICE CORPORATION

Principal Place of Business	Mailing Address
31535 AVE C	P.O. BOX 271
BIG PINE KEY, FL 33043 US	BIG PINE KEY, FL 33043 US

DO NOT WRITE IN THIS SPACE

02022004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3047617	Not Applicable

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

6. Name and Address of Current Registered Agent

ACKISS LUTHER S
31535 AVE C
BIG PINE KEY, FL 33043

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, 2004 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000077735 03/05/04-80055-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACKISS LUTHER S
STREET ADDRESS	31535 AVE C
CITY-ST-ZIP	BIG PINE KEY, FL 33043

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   3/1/04   305 515 0183
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #