

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000073715**

1. Entity Name  
PFEIFFER FINANCIAL SERVICES, INC.



Principal Place of Business

1281 MYSTIC WAY  
WELLINGTON, FL 33414

Mailing Address

1281 MYSTIC WAY  
WELLINGTON, FL 33414



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1132319

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PFEIFFER, R. RANDOLPH  
1281 MYSTIC WAY  
WELLINGTON, FL 33414

**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 re-registering)

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**

000000866844  
04/18/08-80075-008 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PFEIFFER, R. RANDOLPH  
1281 MYSTIC WAY  
WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PFEIFFER, LESLIE L  
1281 MYSTIC WAY  
WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

561-791-3676

Daytime Phone #