

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070098

Entity Name: DF PENSIONS, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

131 SECOND AVE NORTH STE 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

131 SECOND AVE NORTH STE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 90-0334271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202 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: D () Delete
Name: POVLOSKE, DENNIS
Address: 131 SECOND AVE NORTH STE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POVLOSKE, DENNIS
Address: 131 SECOND AVE NORTH STE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DENNIS POVLOSKE

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date