

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90231 038 ***150.00

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03262006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000000377 1. Entity Name K B PENSION SERVICES, INC.			
Principal Place of Business 1858 RINGLING BLVD SARASOTA, FL 34230		Mailing Address 1858 RINGLING BLVD SARASOTA, FL 34236 US	
2. Principal Place of Business 1990 Main St. Suite, Apt. #, etc. 801		3. Mailing Address 1990 Main St. Suite, Apt. #, etc. 801	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34236		Zip 34236	
Country USA		Country USA	
4. FEI Number 65-0721164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATTERMAN, JOHN 1858 RINGLING BLVD SARASOTA, FL 34236		7. Name and Address of New Registered Agent COTTERMAN, JOHN 1990 MAIN STREET, STE 801 SARASOTA, FL 34236-8000	
Name CATTERMAN, JOHN		Name COTTERMAN, JOHN	
Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD		Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET, STE 801	
City SARASOTA		City SARASOTA	
State FL		State FL	
Zip Code 34236		Zip Code 34236	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/27/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME COTTERMAN, JOHN	TITLE PD	NAME COTTERMAN, JOHN
STREET ADDRESS 1858 RINGLING BLVD.	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
TITLE TD	NAME CLARKE, ROBERT P	TITLE TD	NAME CLARKE, ROBERT P
STREET ADDRESS 1858 RINGLING BLVD	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
TITLE VPD	NAME BARBERIO, ALLAN J	TITLE VPD	NAME BARBERIO, ALLAN J
STREET ADDRESS 1858 RINGLING BLVD	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
TITLE VPD	NAME GOBLE, RICHARD E	TITLE VPD	NAME GOBLE, RICHARD E
STREET ADDRESS 1858 RINGLING BLVD	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
TITLE SD	NAME GLENDINNING, RENE M	TITLE SD	NAME GLENDINNING, RENE M
STREET ADDRESS 1858 RINGLING BLVD	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
TITLE VPD	NAME GOBLE, RICHARD E	TITLE VPD	NAME GOBLE, RICHARD E
STREET ADDRESS 1858 RINGLING BLVD	CITY-ST-ZIP SARASOTA, FL 34236	STREET ADDRESS 1990 Main St #801	CITY-ST-ZIP SARASOTA, FL 34236
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:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT P. CLARKE		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT P. CLARKE	
Date 3/25/06		Date 3/25/06	
Daytime Phone # 941 365-4617		Daytime Phone # 941 365-4617	