

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000000377

1. Entity Name
K B PENSION SERVICES, INC.



Principal Place of Business
1990 MAIN ST STE 801
SARASOTA, FL 34236

Mailing Address
1990 MAIN ST STE 801
SARASOTA, FL 34236 US



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0721164

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

COLTERMAN, JOHN
1990 MAIN ST STE 801
SARASOTA, FL 34236

**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, 2008 Fee will be \$550.00

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

U00000023348
02/20/08-80035-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COTTERMAN, JOHN
STREET ADDRESS 1990 MAIN ST STE 801
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TD
NAME CLARKE, ROBERT P
STREET ADDRESS 1990 MAIN ST STE 801
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD
NAME HARGREAVES, KATHY
STREET ADDRESS 1990 MAIN ST STE 801
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD
NAME GOBLE, RICHARD E
STREET ADDRESS 1990 MAIN ST STE 801
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD
NAME LANE, ROBERT
STREET ADDRESS 1990 MAIN ST STE 801
CITY-ST-ZIP SARASOTA, FL 34236

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. CLARKE

Date

X 2/4/08

Daytime Phone #

941 363 4617