

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000377

FILED
Mar 27, 2012
Secretary of State

Entity Name: K B PENSION SERVICES, INC.

Current Principal Place of Business:

1990 MAIN ST STE 801
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1990 MAIN ST STE 801
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0721164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: COTTERMAN, JOHN
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

Title: TD
Name: CLARKE, ROBERT P
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

Title: VPD
Name: EBERSOLE, BETH C
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

Title: SD
Name: JONES, BARBARA
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: LANE, ROBERT
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: CHIARO, CHRIS
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: ROBERT P. CLARKE

TD

03/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date