

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000050723

**FILED  
Apr 28, 2014  
Secretary of State  
CC1523118132**

**Entity Name:** RETIREMENT INCOME RESOURCES INC

**Current Principal Place of Business:**

4500 PGA BOULEVARD  
SUITE 203  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BOULEVARD  
SUITE 203  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEESE, ALAN  
4500 PGA BOULEVARD  
SUITE 203  
PALM BEACH GARDENS, FL 33418 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	NEESE, ALAN	Name	NEESE, ANITA
Address	4500 PGA BOULEVARD SUITE 203	Address	4500 PGA BOULEVARD SUITE 203
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	T	Title	S
Name	NEESE, ARIANA	Name	NEESE, DAVID
Address	4500 PGA BOULEVARD SUITE 203	Address	4500 PGA BOULEVARD SUITE 203
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	S		
Name	NEESE, HANNAH		
Address	4500 PGA BOULEVARD SUITE 203		
City-State-Zip:	PALM BEACH GARDENS FL 33418		

*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:** ALAN NEESE

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date