

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000009019

**Entity Name:** RETIREMENT INCOME STRATEGIES INC.

**Current Principal Place of Business:**

4500 PGA BLVD.  
SUITE 203  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BLVD.  
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 P  
4500 PGA BLVD.  
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  
Name NEESE, ALAN P  
Address 4500 PGA BLVD.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name NEESE, ANITA  
Address 4500 PGA BLVD.  
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 P. NEESE

**PRESIDENT**

**04/19/2019**

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

\_\_\_\_\_  
Date