2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM

Mailing Address Mailing Address SSS DOS TRACK RD SSS DOS TRACK	DOCUMENT # 258983 1. Entity Name PERSONAL INVESTMENTS INC						Seci	retar	y of S	State	
Sullio, Apf. #, oric Sullio, Apf. #, etc. D4222005 Chg.P CR2E034 (10/03)	6558 DOG TRACK RD INTERSECTION HWY 79 & HWY 20		6558 DOG TRACK RD INTERSECTION HWY 79 & HWY 20		 1	 Kari inaa huku filon iki	Denik bilbar wind	MINIE KINNI NEW	1 88 11 188		
Cay & State	2. Principal Place of Business		3. Mailing Address								
The Country Zip Country Zip Country S. Confidence of Status Desired \$8.75 Additional Fee Required \$8.75 Additi							CR2E03	34 (10/03)			
S. Controlled of Statutu Desired Fee Required									No	l Applicable	
Name Street Address (P.O. Box Number is Not Acceptable)					ry			F	ee Required		
HESS, STOCKTON R 6512 DOG TRACK RD. 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with, and accept the acceptance of Florida. I am familiar with accep	~										
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Control Cont				}	City			FL	Zip Code	•	
After May 1, 2005 Fee will be \$150.00 After May 1, 2005 Fee will be \$550.00 Trus Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HESS, STOCKTON R HESS, STOCKTON R BERCH ADDRESS BERCH ADDRESS BERCH ADDRESS CITY-ST-2IP TITLE SD HESS, HARRY L	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.										
### Added to Fees 10.											
TITLE											
NAME SIRET ADDRESS CITY-ST-ZIP HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437 BEBRO, FL 32437 Delete NAME HESS, HARRY L 6558 DOG TRACK RD EBRO, FL 32437 TILE NAME HESS, HARRY L 6558 DOG TRACK RD EBRO, FL 32437 TILE NAME HESS, MARGARET G 1010 2 WOODSONG WAY TAMPA, FL 33618 TITLE D HATER, ROBERT E. II TITLE D HATER, ROBERT E. II TITLE D HATER, JOHN M. SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE D HATER, JOHN M. SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIBET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP TAMPA, FL SIRET ADDRESS CITY-ST-ZIP	10.	ÓFFICERS AND	DIRECTORS 11.		······································	ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD TAMPA, FL 33618 TITLE TITLE D TITLE TITLE D TAMPA, FL TITLE D TITLE TITLE D TAMPA, FL TITLE D TITLE TITLE D TITLE TAMPA, FL TITLE TAMPA, FL TITLE TAMPA, FL TITLE TITLE TAMPA, FL TITLE TAMPA, FL TAMPA, FL TAMPA, FL TAMPA, FL TAMPA, FL TITLE T	NAME STREET ADDRESS	HESS, STOCKTON R 6512 DOG TRACK RD	Delete	NAME STREE	T ADDRESS		Unacço	334916	☐ Change	☐ Addition	
MAME HESS, MARGARET G STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 TITLE D HATER, ROBERT E. II TITLE D MAME STREET ADDRESS CITY-ST-ZIP TITLE D MAME HATER, JOHN M. STREET ADDRESS CITY-ST-ZIP TITLE D MAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL TAMPA	NAME STREET ADDRESS	HESS, HARRY L 6558 DQG TRACK RD		NAME STREE	Y ADDRESS				☐ Change	Addilion	
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MAME STREET ADDRESS 11508 TRASK S. CITY-ST-ZIP TAMPA, FL Dekte HESS, BRYAN L STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	HATER, ROBERT E. II 1330 NEEB ROAD	☐ Delate	NAME STREE	T ADDRESS			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME HESS, BRYAN L NAME STREET ADDRESS 10102 WOODSONG WAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP	NAME STREET ADDRESS	HATER, JOHN M. 11508 TRASK S.	☐ Detele	NAME STREE	T ADDRESS				☐ Change	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	HESS, BRYAN L 10102 WOODSONG WAY TAMPA, FL 33618		NAME STREE CITY-S	T ADDRESS ST-ZIP	ction 119.07(3)m	Florida Statutes.				

of the corporation of 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.

Stockton R. Hess

SIGNATURE:

Stockton R. Hess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR