


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 258983 1. Entity Name PERSONAL INVESTMENTS INC	
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Principal Place of Business 6558 DOG TRACK RD INTERSECTION HWY 79 & HWY 20 EBRO, FL 32437 US	Mailing Address 6558 DOG TRACK RD INTERSECTION HWY 79 & HWY 20 EBRO, FL 32437 US
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1162937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HESS, STOCKTON R
6512 DOG TRACK RD.
EBRO, FL 32437**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

00000939705
05/28/08-80037-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L 6558 DOG TRACK RD EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, GRAIG R 5501 ARNOLD RD. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATER, ROBERT E II 8315 NORMANDY DR. CLEVES, OH 45002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATER, JOHN M 4814 CULBREATH ISLES TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, PAULETTE 17315 LINDA VISTA CIRCLE LUTZ, FL 33548

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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:  **4/28/08** **850-234-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #