

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90029 034 \*\*\*150.00

**DOCUMENT # G46342**

1. Entity Name  
PBG FINANCIAL SERVICES, INC.



Principal Place of Business  
% DONALD R GRAHAM  
P.O. BOX 596  
GRACEVILLE, FL 32440

Mailing Address  
% DONALD R GRAHAM  
P.O. BOX 596  
GRACEVILLE, FL 32440

**50000334**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-2382703**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, DONALD R  
5306 BROWN ST  
GRACEVILLE, FL 32440

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WAYMER, BRYAN W  
1188 10TH AVE.  
GRACEVILLE, FL 32440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, ASSISTANT SEC.  
TURNER, JOHN  
125 WENTWORTH DRIVE  
DOTHAN, AL 36305 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SHEFFIELD, JOE  
P.O. BOX 28329  
PANAMA CITY, FL 32411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JERNIGAN, JOE  
P.O. BOX 728  
GRACEVILLE, FL 32440 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEPHENSON, CHARLES  
1717 HWY 2  
CAMPBELLTON, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREAS.  
CAROL C. SMITH  
1255 SANDERS AVE.  
GRACEVILLE, FL 32440 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVC  
MCRAE, FINLEY  
1605 8TH AVE.  
GRACEVILLE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
GRAHM, DONALD R  
1104 EZELL ST  
GRACEVILLE, FL 32440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.C.P.  
GRAHAM, DONALD R.  
1104 EZELL ST.  
GRACEVILLE, FL 32440 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
WATFORD, DAVID M  
5365 CHERRY ST.  
GRACEVILLE, FL 32440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Donald R. Graham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-17-08*

Date

*850-263-3267*

Daytime Phone #