

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000108214

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** PB OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2546 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

125 N LAKE FLORENCE DRIVE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

2546 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**New Mailing Address:**

125 N LAKE FLORENCE DRIVE  
WINTER HAVEN, FL 33884

**FEI Number:** 26-1458193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CULBERTSON, CONNIE A  
2546 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: STOKES, DAVID J  
Address: 125 N LAKE FLORENCE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVT  
Name: STOKES, ANN M  
Address: 125 N LAKE FLORENCE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

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: ANN STOKES

DVT

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date