


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000107981

1. Entity Name
PEBBLE JUNCTION, INC.



Principal Place of Business _____ Mailing Address _____

**702 SOUTH FRENCH AVENUE
 (HIGHWAY 17-92)
 SANFORD, FL 32771**

**6603 ROUTE 202
 PO BOX 778
 NEW HOPE, PA 18938 US**

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3483883	Assessed For Not Assessed
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORNSTEIN, MARK L
 904 HIGHLAND AVENUE
 ORLANDO, FL 32803**

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 _____
Signature of the board member or the designated officer Signature of registered agent or registered agent in charge Date

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P BUSIK, J KEVAN 6603 ROUTE 202, PO BOX 778 N/A NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

000000298502
 04/11/05-80070-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a other, as empowered.

SIGNATURE: *Robert Haddock* Controller 4/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR