

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 258983

1. Entity Name
PERSONAL INVESTMENTS INC



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**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1162937

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000115926
04/16/04-80044-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
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
**TD
HESS, MARGARET G
10102 WOODSONG WAY
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HATER, ROBERT E. II
1330 NEEB ROAD
CINCINNATI, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HATER, JOHN M.
11508 TRASK S.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HESS, BRYAN L
10102 WOODSONG WAY
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04