


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1162937	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2006 Fee will be \$550.00**

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

1100000556495
05/17/06-80012-002 150.00

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 850-234-3943
Date Daytime Phone #