

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 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**



04232007 No Chg-P CR2E034 (11/05)

**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**

6. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000753672  
05/22/07-80029-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HESS, STOCKTON R  
STREET ADDRESS 6512 DOG TRACK RD  
CITY-STATE-ZIP EBRO, FL 32437

TITLE SD  
NAME HESS, HARRY L  
STREET ADDRESS 6558 DOG TRACK RD  
CITY-STATE-ZIP EBRO, FL 32437

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

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

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

TITLE D  
NAME HESS, BRYAN L  
STREET ADDRESS 10102 WOODSONG WAY  
CITY-STATE-ZIP 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:**

**Stockton R. Hess**

**4/25/07**

**850-234-3943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #