

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46342

Entity Name: PBG FINANCIAL SERVICES, INC.**Current Principal Place of Business:**5306 BROWN STREET
GRACEVILLE, FL 32440**Current Mailing Address:**P.O. BOX 596
GRACEVILLE, FL 32440**FEI Number:** 59-2382703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAHAM, DONALD R
5306 BROWN ST
GRACEVILLE, FL 32440 US*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

Officer/Director Detail :

Title DAS
Name TURNER, JOHN B
Address 125 WENTWORTH DR
City-State-Zip: DOTHAN AL 36301

Title DS
Name SHEFFIELD, JOE
Address 1431 TROUT DRIVE
City-State-Zip: PANAMA CITY FL 32411

Title TREA
Name SMITH, CAROL C
Address 1255 SANDERS RD
City-State-Zip: GRACEVILLE FL 32440

Title DVC
Name MCRAE, FINLEY
Address 1605 8TH AVE.
City-State-Zip: GRACEVILLE FL 32440

Title DCP
Name GRAHAM, DONALD R
Address 1104 EZELL ST
City-State-Zip: GRACEVILLE FL 32440

Title DV
Name WATFORD, DAVID M
Address 5365 CHERRY ST.
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name SMITH, MICHAEL T
Address 1255 SANDERS AVE
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name JERNIGAN, JOSEPH H
Address 1145 10TH AVE
City-State-Zip: GRACEVILLE FL 32440

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: CAROL C. SMITH**TREASURER****03/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date