## **2016 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

FILED Feb 02, 2016

**Secretary of State** 

CC0336261784

Officer/Director Detail:

Title DIRECTOR, SECRETARY Title TREA

NameTURNER, JOHN BNameSMITH, CAROL CAddress125 WENTWORTH DRAddress1255 SANDERS RDCity-State-Zip:DOTHAN AL 36301City-State-Zip:GRACEVILLE FL 32440

Title DIRECTOR Title CHAIRMAN, DIRECTOR, PRESIDENT

Name MCRAE, FINLEY Name GRAHAM, DONALD R

Address 1605 8TH AVE. Address 1104 EZELL ST

City-State-Zip: GRACEVILLE FL 32440 City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR, VC, VP Title DIRECTOR, ASST. SECRETARY

NameWATFORD, DAVID MNameSMITH, MICHAEL TAddress5365 CHERRY ST.Address1255 SANDERS AVECity-State-Zip:GRACEVILLE FL 32440City-State-Zip:GRACEVILLE FL 32440

Title DIRECTOR Title DIRECTOR

NameJERNIGAN, JOSEPH HNameBARBER, RONALDAddress1145 10TH AVEAddress5378 COOPER ST.City-State-Zip:GRACEVILLE FL 32440City-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 02/02/2016