

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108214

Entity Name: PB OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**5080 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881**Current Mailing Address:**125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884**FEI Number:** 26-1458193**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CULBERTSON, CONNIE A
2546 JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 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	DPS
Name	STOKES, DAVID J
Address	125 N LAKE FLORENCE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	DVT
Name	STOKES, ANN M
Address	125 N LAKE FLORENCE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	STOKES, ROBERT JAMES
Address	125 N LAKE FLORENCE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	SECRETARY
Name	WESTGATE, JESSICA LYNN
Address	125 N LAKE FLORENCE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	STOKES, JAKE WILLIAM
Address	125 N LAKE FLORENCE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

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: ANN STOKES

VP

01/28/2020

Electronic Signature of Signing Officer/Director Detail_____
Date