
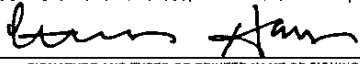


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 22 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1162937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, STOCKTON R 6512 DOG TRACK RD. EBRO, FL 32437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig R. Stevens 5501 Arnold Rd. Panama City, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L 6558 DOG TRACK RD EBRO, FL 32437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Paulette Austin 17315 Linda Vista Circle Lutz, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESS, MARGARET G 10102 WOODSONG WAY TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Bradley 9917 Birch Terrace Charlevoix, MI 49720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATER, ROBERT E. II 18905 E 8315 Normandy Dr. Cleveland, OH 45002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600108847856 08/30/07--01045--005 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATER, JOHN M. 16084 4814 Culbreath Isles TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, BRYAN L 10102 WOODSONG WAY TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		8/21/2007 850-234-3943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

6/22/07