

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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**



04212008 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**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000939705
05/28/08-80037-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPD
NAME	HESS, STOCKTON R
STREET ADDRESS	6512 DOG TRACK RD
CITY-ST-ZIP	EBRO, FL 32437
TITLE	SD
NAME	HESS, HARRY L
STREET ADDRESS	6558 DOG TRACK RD
CITY-ST-ZIP	EBRO, FL 32437
TITLE	D
NAME	STEVENS, GRAIG R
STREET ADDRESS	5501 ARNOLD RD.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	HATER, ROBERT E II
STREET ADDRESS	8315 NORMANDY DR.
CITY-ST-ZIP	CLEVES, OH 45002
TITLE	D
NAME	HATER, JOHN M
STREET ADDRESS	4814 CULBREATH ISLES
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VPD
NAME	AUSTIN, PAULETTE
STREET ADDRESS	17315 LINDA VISTA CIRCLE
CITY-ST-ZIP	LUTZ, FL 33548

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

850-234-3943

Daytime Phone #