


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90061 001 ***150.00

DOCUMENT # 617891 1. Entity Name P.B.G. PROPERTIES, INC.	
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Principal Place of Business 1985 S MILITARY TRAIL WEST PALM BEACH, FL 33415	Mailing Address P.O. BOX 541359 LAKE WORTH, FL 33454
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0027234	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAUCH, HARRY
1985 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAUCH, HARRY 1985 S MILITARY TRAIL WEST PALM BEACH, FL 33415
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HARRY RAUCH PRES 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #