

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -6 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # F00000004132</b> 1. Entity Name <b>P.B.S. ENTERPRISES, INC., OF GA.</b>					
Principal Place of Business <b>6342 ARLINGTON EXPWY JACKSONVILLE, FL 32211</b>			Mailing Address <b>6342 ARLINGTON EXPWY JACKSONVILLE, FL 32211</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent  <b>GLAESER, ROBERT 6342 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>				7. Name and Address of New Registered Agent Name <b>N. PAUL SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>6342 ARLINGTON EXPRESSWAY</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32211</b>	
9. 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 _____ <small>Signature, typed or printed name of registered agent, if applicable.</small>				09/29/2004 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, N. PAUL</b> <b>200 IMPERIAL WAY</b> <b>FAIRBURN, GA 30213</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>700041636177</b>  <b>10/06/04--01016--020 **150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SMITH, BERTHA HIGHTOWER</b> <b>200 IMPERIAL WAY</b> <b>FAIRBURN, GA 30213</b> <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	<b>V</b> <b>GLAESER, ROBERT</b> <b>6342 ARLINGTON EXPRESSWAY</b> <b>JACKSONVILLE, FL 32211</b> <input checked="" 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	<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	<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	<input 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			09/29/2004 <small>Date</small>		904 721 6769 <small>Daytime Phone #</small>