


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G46342
 1. Entry Name
 PBG FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
 % DONALD R GRAHAM % DONALD R GRAHAM
 P.O. BOX 596 P.O. BOX 596
 GRACEVILLE, FL 32440 GRACEVILLE, FL 32440

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2382703 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRAHAM, DONALD R
 5306 BROWN ST
 GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WAYMER, BRYAN W	
STREET ADDRESS	1188 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELHAM, CLIFFORD	
STREET ADDRESS	1239 HWY 2	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENSON, CHARLES	
STREET ADDRESS	1717 HWY 2	
CITY-ST-ZIP	CAMPBELLTON, FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	MCRAE, FINLEY	
STREET ADDRESS	1605 8TH AVE.	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GRAHAM, DONALD R	
STREET ADDRESS	1104 EZELL ST	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000224892
 02/11/05-80009-010 150.00

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: Donald R. Graham Donald R. Graham, CEO 2/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #