

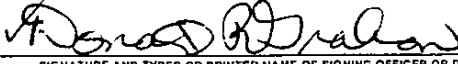


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 003 ***150.00

DOCUMENT # G46342 1. Entity Name PBG FINANCIAL SERVICES, INC.					
Principal Place of Business % DONALD R GRAHAM P.O. BOX 596 GRACEVILLE, FL 32440			Mailing Address % DONALD R GRAHAM P.O. BOX 596 GRACEVILLE, FL 32440		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40033614 	
4. FEI Number 59-2382703				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D WAYMER, BRYAN W 1188 10TH AVE. GRACEVILLE, FL 32440 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(D-VP) Watford, David M. 5365 Cherry ST Graceville, FL 32440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PELHAM, CLIFFORD 1239 HWY 2 GRACEVILLE, FL 32440 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sheffield, Joe (D/Sec) P.O Box 28329 Panama City, FL 32411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENSON, CHARLES 1717 HWY 2 CAMPBELLTON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jernigan, Joe (D) P.O Box 728 Graceville, FL 32440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC MCRAE, FINLEY 1605 8TH AVE. GRACEVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Turner, John (D/Sec) 125 Wentworth Drive Dothan, AL 36305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GRAHAM, DONALD R 1104 EZELL ST GRACEVILLE, FL 32440 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Smith, Carol C. (Treas) 1255 Sanders Ave Graceville, FL 32440 <input type="checkbox"/> Change <input checked="" 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 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: 			Date: 3-6-07 Daytime Phone #: 850-263-3267		