

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46342

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** PBG FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

5306 BROWN STREET  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 596  
GRACEVILLE, FL 32440

**New Mailing Address:**

**FEI Number:** 59-2382703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, DONALD R  
5306 BROWN ST  
GRACEVILLE, FL 32440 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRYAN, WAYMER W  
Address: 1188 10TH AVE.  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: DS  
Name: SHEFFIELD, JOE  
Address: 1431 TROUT DRIVE  
City-St-Zip: PANAMA CITY, FL 32411 US

Title: TREA  
Name: SMITH, CAROL C  
Address: 1255 SANDERS RD  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: DVC  
Name: MCRAE, FINLEY  
Address: 1605 8TH AVE.  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: DCP  
Name: GRAHAM, DONALD R  
Address: 1104 EZELL ST  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: DV  
Name: WATFORD, DAVID M  
Address: 5365 CHERRY ST.  
City-St-Zip: GRACEVILLE, FL 32440 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD R GRAHAM

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date