2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

PRIVATE BRAND SALES ENTERPRISES, INC. Pencipal Place of Business 393 CBNTRE ST 394 CBNTRE ST 395 CB		ANNUAL R	EPORT (AF	3)		F	ILED		
Principal Place of Business Mailing Address Sag CENTRE ST 201 FERNANDINA BEACH FL \$2034 FERNANDINA BEA						Feb 25, 2004 08:00 AM			
201 Substitute	PRIVATE BRAND SALES ENTERPRISES, INC.					Secre	lary of St	ate	
20 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 320	Principal Plac	ce of Business	Mailing Address	** >		₹ 1			
Suite Apr	303 CENTR	E ST	303 CENTRE ST			·			
Surse, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. MOORE CR2E934 (11/03)		NA REACH EL 32034		4 E1 33034		}			
Sulfe, Apt #, etc.				NANDINA BEACH PL 32034					
City & States	2. Principal Place of Business		3. Mailing Address						
Secondary Seco	Suite, Apt #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)				
S. Centileate of Statute Desired Fee Required	City & State		City & State		4. FEI Number 58-1655494				
COLEMAN, PATRICK 2085 HERSCHEL STREET JACKSONVILLE FL 32204 8. The above named early 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 City	Ζίρ			Country		5. Certificate of Status Desired	□ \$8.75 A Fee Requ	Additional iired	
COLEMAN, PATRICK 2065 HERSCHEL STREET JACKSONVILLE FL 3/2204 8. Thre above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signawa, byte a pretide mate of registered agent. (NOTE, Registered Agent speature recircle when refusering) DATE		6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Agent		
2085 HERSCHEL STREET JACKSONVILLE FL 32204 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 Signature, bisses or prefer name of registered agent and the apparature (regulated expert name) regulated agent and the apparature regulated when restationing Dutt.	001	ENAME DI TOTAL			lame				
B. The above named shilly 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 SIGNATURE Sombles, byind or private name of registered agent with a applicance. PILLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	2065 HERSCHEL STREET			s	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Squares piece of general and registered agent and steel a applicative. NOTE Registered Agent assumbline received when servational Note				C	City		FL Zip C	ode	
Separation Sep									
## After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
## After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	FILE NOWILL FEE IS \$150,000								
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P T	After May 1, 2004 Fee will be \$550.00					· -			
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STR	10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DAS IN 11	
STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL TITLE S SUBCHINER, ROBERT W. SIREIT ADDRESS CITY-ST-ZIP CINCINNATI OH TITLE STREET ADDRESS CITY-ST-ZIP CINCINNATI OH TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	PTD	☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
TITLE NAME SIREIT ADDRESS CITY-ST-ZIP CINCINNATI OH Delete TITLE NAME SIREIT ADDRESS CITY-ST-ZIP TITLE SIREIT ADDRESS CITY-ST-ZIP TITLE SIREIT ADDRESS CITY-ST-ZIP TITLE SIREIT ADDRESS CITY-ST-ZIP	NAME	POMSEL, ERNEST		NAME		LINDONN	ساوسو آسر سواء		
TITLE NAME SIREIT ADDRESS CITY-ST-ZIP CINCINNATI OH Delete TITLE NAME SIREIT ADDRESS CITY-ST-ZIP SIREIT ADDRESS CITY-ST-ZIP TITLE SIREIT ADDRESS CITY-ST-ZIP		•				00000000 10/25/204	13333 1034_013 150	e no i	
MAME STREET ADDRESS CITY-ST-ZIP CINCINNATI OH Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY -ST-ZIP			CITY-ST-	ZIP	0E1 CO1 O1	חסו חול ומח	J. UU	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				Chang	e 🔲 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Y		1	nnere .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, - , ,-							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		CINORINATION							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		Unang	e	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP					DRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-7	ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE			Chang	e	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREET AD	DRESS				
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-7	ZIP				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TATLE		☐ Delete	TITLE			Chang	e 🔲 Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME					
ITILE Delete TITLE Change Addition NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST									
NAME STREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP	CITY+ST-ZIP			CITY-ST-Z	ZiP				
STREET ADDRESS GITY-ST-ZIP SIREET ADDRESS GITY-ST-ZIP			☐ Delete				Chang	e 🔲 Addilion	
CITY-ST-ZIP CITY-ST-ZIP				I	Inbess				
				1					
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 time empowered.		postify that the information as a line of the	thin filing doos not aware for			Office 110 07/9\/\) [[European and the state of	o forting of	
	indicated of the cor changed	Definy that the information supplied with on this report or supplemental report is operation or the receiver or trustee emporation at tachment with an addices.	true and accurate and that wered to execute this repor with all other the empowerse	my signature t as required i	shall have the s by Chapter 607	otion 139.07(3)(1), Florida Statutes. I same legal effect as if made under o. 7, Florida Statutes; and that my name	ath; that I am an offic appears in Block 10	e information per of director or Block 11 if	

ME OF SIGNING OFFICER OR DIRECTOR