

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H67496</b> 1. Entity Name <b>PRIVATE BRAND SALES ENTERPRISES, INC.</b>					
Principal Place of Business <b>303 CENTRE ST # 201 FERNANDINA BEACH FL 32034</b>			Mailing Address <b>303 CENTRE ST # 201 FERNANDINA BEACH FL 32034</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>58-1655494</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLEMAN, PATRICK 2065 HERSCHEL STREET JACKSONVILLE FL 32204</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE <i>[Signature]</i> <b>PRESIDENT</b>				DATE <b>MAY 1, 2005</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$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				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
PTD <input type="checkbox"/> Delete <b>POMSEL, ERNEST 303 CENTRE ST, STE 201 FERNANDINA BEACH FL</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN00000365896 05/11/05-80020-025 150.00</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
S <input type="checkbox"/> Delete <b>BUECHNER, ROBERT W. 105 E 4TH ST STE 300 CINCINNATI OH</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<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 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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone					