


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90014 035 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # J37449</b><br>1. Entity Name<br>PBW, INC.   |   |   |   |   |  |
| Principal Place of Business<br>8832 LENNOX VIEW WAY<br>KNOXVILLE, TN 37923 US   |   |   | Mailing Address<br>C/O LEACH OWEN ACCT<br>1665 KINGSLEY AVE<br>ORANGE PARK, FL 32073 US                         |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>1555 KINGSLEY AVE<br>Suite, Apt. #, etc.<br>#504  |  |  |
| City & State<br>Zip   |   |   | City & State<br>ORANGE PARK, FL<br>Zip<br>32073   |  |  |
| Country   |   |   | Country   |  |  |
| 4. FEI Number<br>59-2745047   |   |   | Applied For<br>Not Applicable   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | \$8.75 Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent<br>OWEN, DRANTHA K<br>1665 KINGSLEY AVE. SUITE 104<br>C/O LEACH OWEN ACCTG& TAX SVCS INC<br>ORANGE PARK, FL 32073   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>K. DIANTHA OWEN<br>Street Address (P.O. Box Number is Not Acceptable)<br>1555 KINGSLEY AVE #504<br>City<br>ORANGE PARK FL Zip Code<br>32073 |  |
| 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.<br>SIGNATURE <u>K. Dianta Owen</u> K. DIANTHA OWEN, ACCOUNTANT 2/23/2004<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PDT<br>WALKER, BUDD H.<br>8832 LENNOX VIEW WAY<br>KNOXVILLE, TN 37923 | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u>Budd H. Walker</u> 3.8.04<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |  |

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