## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2004 8:00 am Secretary of State 03-10-2004 90014 035 \*\*\*150.00

DOCUMENT # J37449						03-10-2004 90014 035 ****150.00				
1. Entity Nam PBW, INC	ne , C.	•				1				
***	 									
Principal Plac	e of Busines		Mailing Address			-				
8832 LENNOX VIEW WAY-			C/O LEACH OWEN ACCT				•	540	1651	ß
KNOXVILLE, TN 37923 US			1665 KINGSLY AVE Orange Park, FL 32073 US							
2 Principal P	Place of Busin	000	3. Mailing Address							
2. Principal Place of Business			1555 KINGSLEY AVE							
Suite, Apt. #, etc.			Suite, Apt. #, etc. #504			02232004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State ORANGE PARK, FL			4. FEI Numb			_ <del></del>	plied For t Applicable
Zip		Country	<sup>Zip</sup> 32073	Coun	try	5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Current F	·			7. Name and	Address of New Re			
OWEN, DR	ZANTHA K	•	K. DIANTHA OWEN							
1665 KING	SSLEY AV	E. SUITE 104	Street Addre			s (P.O. Box Number is Not Acceptable) INGSLEY AVE #504				
C/O LEAC		ACCTG& TAX SVCS 32073	INC		+333 KII	400DDI A	VE #504		1 1111/2009	
	•				City ORANGE I	D3 D17		FL	Zip Cod	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or registe	PARK ered agent, or bo	oth, in the State of Flo			
the obligations of registered agent.										
SIGNATURE K. Dravilhas Ower K. DIANTHA OWEN, ACCOUNTANT 2/23/2004  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00										
After Ma	ay 1, 200	4 Fee will be \$550.0			~ ~	ded to Fees	,		•	
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME	PDT Delete WALKER, BUDD H.					Change Addition				
STREET ADDRESS	1	NOX VIEW WAY		NAME STREET A						
CITY-ST-ZIP	KNOXVIL	LE, TN 37923		CITY	-ST-ZIP					
TITLE NAME			☐ Delete	E				☐ Change	☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS					ļ
CITY-ST-ZIP	☐ Delete				-ST-ZIP					
TITLE NAME		and the second second second	Li Delete	TITLE NAM			•	• .	☐ Change	☐ Addition
STREET ADDRESS	<u> </u>				ET ADDRESS					1
CITY-ST-ZIP			□ Delete	TITLE	-ST-ZIP				☐ Change	Addition
NAME			C. Diliti	MAM	- 1				ontaings	
STREET ADDRESS CITY+ST-ZIP					ET ADDRESS -ST-ZIP					
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NAME	[			NAM	i					_ [
STREET ADDRESS CITY-ST-ZIP	-		, a		ET ADDRESS					: ·
TITLE			☐ Delete	İttir		1,40	<del></del>		☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS		-			
CITY-ST-ZIP					-ST-ZiP				<u> </u>	
12. I hereby of indicated	certify that the	e information supplied with it or supplemental regort is	this filing does not qualify fo true and accurate and that i	r the exe	roption stated in Se tuje shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. I ct as if made under c	further cert	ify that the ir m an officer	nformation or director
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and an an accurate and had 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 truster employee of the exemption of the corporation or the receiver or truster employee of the exemption of the corporation or the receiver or truster employee of the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster employee of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster employee of the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster employee or the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster employee or the corporation or the receiver or truster employee or the corporation or the receiver or truster employee or the corporation or the receiver or truster employee or truster employee or the corporation or the receiver or truster employee or t										
SIGNATURE: askudd 210) al / 2 3.8.04										
JOHN	<b>少,.∟.</b>	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OH DIREC	TOR		Date		aytime Phone #	