2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90044 030 ***150.00

DOCU 1. Entity Nam PBW, INC	ne	#J37449					02-11-2008 90044 030 *** 130.00			
Principal Plac	e of Busines	SS	Mailing Address] · ·			
8832 LENNOX VIEW WAY			1555 KINGSLY AVE							
KNOXVILLE, TN 37923 US			#504							
			ORANGE PARK, FL	32073	US					
2 Principal B	loop of Busin	ness - No P.O. Box#	2 Mailian Address							
l			3. Mailing Address							
729 SANDS AVENUE Suite, Apt. #, etc.			Suite, Apt. #, etc.				1			
outo, ript. II, oto.			adito, Apt. II, dic.				01172008 Chg-P CR2E034 (12/06)			
City & State			City & State				4. FEI Number Applied For			
MONROE, OH							59-2745047 Not Applica	able		
Zip Country			Zip Cour		itry		5. Certificate of Status Desired S8.75 Additional			
45050				<u></u>	,		Fee Required			
<u> </u>	6. Name	and Address of Current	t Registered Agent		<u> </u>		7. Name and Address of New Registered Agent			
OWEN, K.	DIANTHA	Δ			Name					
		E. SUITE 504		Street			Address (P.O. Box Number is Not Acceptable)			
ORANGE					<u> </u>			-4		
		•								
		•			City		FL Zip Code			
9. The (all acce					1					
the obligat	named enu tions of regis	ty submits this statement r stered agent.	or the purpose of changing	ıls register	rea office or re	egister	ered agent, or both, in the State of Florida. I am familiar with, and acco	apl		
SIGNATURE										
<u> </u>	Signature, types	s or printed reality or registered agen	t and the li applicacie.	NOTE. Nagisteri	su Agent signature	: required	ed when reinstating) DATE			
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.					5.00 May Be ded to Fees			
10.	,	OFFICERS AND	DIRECTORS	11.		٠	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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NAME	L	HOY WENT WAY		NAN		70	00 011100 1110110			
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP		29 SANDS AVENUE	ł		
	KINOXVIL	i.c., 114 3/823				MO.	ONROE, OH 45050			
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CITY-ST-ZIP				CITY	7-ST-ZIP					
12. I hereby o	certify that th	ne information supplied wit	h this filing does not qualify	v for the ev	emptions con	ntained	ad in Chapter 119. Florida Statutes. I further certify that the information	_		
indicated	on this repo	ort or supplemental report i	is true and accurate and the	at any signa	ature shall hav	ve the s	ed in Chapter 119, Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or direct 17, Florida Statutes; and that my name appears in Block 10 or Block 1	o		
changed.	or on an all	achment with an address,	with all other like empower	red ay requ	пестру спар	ter ou/	ar, monda statutes; and that my name appears in Block 10 or Block 11	111		
		S 1//	4 -1 - 14	/				ļ		
SIGNAT	URE: _	SIGNATURE AND TYPE OF	PRINTED NAME OF SIGNING OFFICE	CER OF DIREC	TO0		Z-5.0 & Daylette Phone #	_		
		SIGNATURE AND ITPED OR	TRIMIED NAME OF SIGNING OFFIC	LEK UK DIREÇ	IUK		Date Daytime Phone #			