

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90035 040 ***150.00

DOCUMENT # K07271 1. Entity Name P.B.M. INVESTMENTS, INC.					
Principal Place of Business 3160 MAPLE COVE DR LOGANVILLE GA 30052 US			Mailing Address 3160 MAPLE COVE DR LOGANVILLE GA 30052 US		
2. Principal Place of Business 1470 Stack Dr Suite, Apt. #, etc.		3. Mailing Address 1470 Stack Dr Suite, Apt. #, etc.			
City & State Greensboro GA Zip 30642		City & State Greensboro GA Zip 30642		4. FEI Number 59-2859849	
Country Greene		Country Greene		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCHNEIDER, RETO J. 7400 BAY MEADOW WAY STE 107 JACKSONVILLE FL 32256	
7. Name and Address of New Registered Agent Name Starr - Carter Reto - Schneider Street Address (P.O. Box Number is Not Acceptable) 1470 Stack Dr City Greensboro GA State FL Zip Code 30642				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  Secretary-Treasurer DATE 2-19-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COURTER, STARR 3160 MAPLE COVE DR LOGANVILLE GA 30052	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Courter, Starr 1470 Stack Dr Greensboro GA 30642	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 			Date 2-19-04 Daytime Phone # 706 453-1045		