

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000041298

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** PRACTICAL BUSINESS ENTERPRISES, INC.

**Current Principal Place of Business:**

109 NW 9TH AVE  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1565  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 55-0861051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALES, DEBRA S  
8863 HWY 70 EAST  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALES, DEBRA S  
Address: 8863 HWY 70 EAST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VST  
Name: ROBY, KARLA H  
Address: 1906 SW 5TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA S SALES

PD

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date