2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90194 011 ***150.00

DOCUMENT # P05000025134

1. Entity Name
PB & J PRIVATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
235 US HIGHWAY ONE TEQUESTA, FL 33469	19277 W INDIES LN TEQUESTA, FL 33469

01122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
19277 W Indies Ln	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta Fl	City & State
Zip: 33469 Country: US	Zip Country

4. FEI Number 59-3797739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPRANKLE, PATRICIA A PSD
19277 WEST INDIES LANE
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Patricia Sprankle 1.10.07

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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	SPRANKLE, PATRICIA A	
STREET ADDRESS	19277 W INDIES LN	
CITY ST ZIP	TEQUESTA, FL 33469	
TITLE	VTD	☐ Delete
NAME	SPRANKLE, JAMES R III	
STREET ADDRESS	19277 W INDIES LN	
CITY ST ZIP	TEQUESTA, FL 33469	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia Sprankle 1.10.07 561.723.6007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #