


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P17114</b> 1. Entity Name <b>THE PEBLE CORP.</b>	
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Principal Place of Business <b>568 E. WOOLBRIGHT ROAD SUITE 101 BOYNTON BEACH, FL 33435 US</b>	Mailing Address <b>568 E. WOOLBRIGHT ROAD SUITE 101 BOYNTON BEACH, FL 33435 US</b>
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**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number **64-0500228** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	HOWELL, SHERRY
STREET ADDRESS	2212 B STREET
CITY-ST-ZIP	MERIDIAN, MS 39301
TITLE	D
NAME	BROADHEAD, SHERRY M.
STREET ADDRESS	2212 'B' ST.
CITY-ST-ZIP	MERIDIAN, MS 39301
TITLE	CPD
NAME	BROADHEAD, PAUL
STREET ADDRESS	2212 B STREET
CITY-ST-ZIP	MERIDIAN, MS 39301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80039-019 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE BY: Sherry Howell Secretary/Director 4/7/06 601-693-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #