
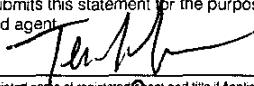
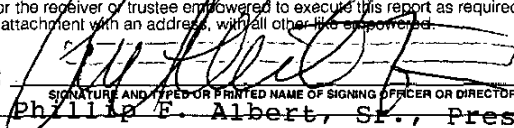


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 042 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P98000102233 1. Entity Name P.B. ALBERT, INC. | | | |  | |
| Principal Place of Business 505 55TH AVENUE ST. PETE BEACH, FL 33706 | | | Mailing Address 505 55TH AVENUE ST. PETE BEACH, FL 33706 c/o | | |
| 2. Principal Place of Business 504 55th Avenue Suite, Apt. #, etc. | | 3. Mailing Address Terrance P. McNamara, Esq. Suite, Apt. #, etc. 400 Corey Avenue, 2nd Fl. | | | |
| City & State St. Pete Beach, FL | | City & State St. Pete Beach, FL | | 4. FEI Number 59-3553358 | |
| Zip 33706 | Country USA | Zip 33706 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALBERT, PHILLIP F SR. 505 55TH AVE. ST. PETE BEACH, FL 33706 | | | | 7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Fl. City St. Pete Beach FL 33706 | |
| 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:  DATE: 1/10/05 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE DP <input type="checkbox"/> Delete | NAME ALBERT, PHILLIP F SR. | | TITLE D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME Albert, Phillip F. Sr. | |
| STREET ADDRESS 505 55TH AVE. | CITY-ST-ZIP ST. PETE BEACH, FL 33706 | | STREET ADDRESS 504 55th Avenue | CITY-ST-ZIP St. Pete Beach, FL 33706 | |
| TITLE DVST <input type="checkbox"/> Delete | NAME ALBERT, BELINDA M | | TITLE D, V, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME Albert, Belinda M. | |
| STREET ADDRESS 505 55TH AVE. | CITY-ST-ZIP ST. PETE BEACH, FL 33706 | | STREET ADDRESS 504 55th Avenue | CITY-ST-ZIP St. Pete Beach, FL 33706 | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | CITY-ST-ZIP _____ | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | CITY-ST-ZIP _____ | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | CITY-ST-ZIP _____ | |
| 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 filers empowered. | | | | | |
| SIGNATURE:  | | | Date: 1/15/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phillip F. Albert, Sr., President | | | | | |

40006108



01072005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Additional Fee Required

Zip Code

DATE

Daytime Phone #