

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90098 046 \*\*\*150.00

**DOCUMENT # P98000102233**

1. Entity Name  
**P.B. ALBERT, INC.**



Principal Place of Business  
**504 55TH AVENUE  
SAINT PETERSBURG BEACH, FL 33706**

Mailing Address  
**C/O TERRANCE P MCNAMARA  
400 COREY AVENUE, 2ND FL  
SAINT PETERSBURG BEACH, FL 33706**

**50010979**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3553358</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCNAMARA, TERRANCE P ESQ  
400 COREY AVENUE, 2ND FL  
SAINT PETERSBURG BEACH, FL 33706**

**DO NOT WRITE  
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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
ALBERT, PHILLIP F SR.  
504 55TH AVENUE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVST  
ALBERT, BELINDA M  
504 55TH AVENUE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:   
**Phillip F. Albert, Sr., President**

**3/28/06**

Date Daytime Phone #