


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000104736</b> 1. Entity Name <b>PBC FINANCIAL SERVICES, INC.</b>	
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Principal Place of Business <b>2000 S. BRYON BUTLER PKWY PERRY, FL 32348 US</b>	Mailing Address <b>P.O. BOX 1247 PERRY, FL 32348 US</b>
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3412430</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

**BROOKS, ROGER  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348**

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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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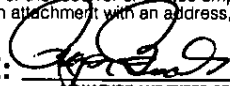
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DICKERT, JERRY D 2000 S. BRYON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, A. MARSHALL 2000 S. BRYON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERT, MARK 2000 S. BRYON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERT, PAUL 2000 S. BRYON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, FRED SR. 2000 S. BRYON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, ROGER R 2000 S. BRYON BUTLER PKWY PERRY, FL 32348

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04/16/07-80030-007 150.00

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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:**  **Roger Brooks, President/Director** **850-584-4411**

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