

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90109 003 \*\*\*150.00

**DOCUMENT # P98000104736**

1. Entity Name  
**PBC FINANCIAL SERVICES, INC.**



Principal Place of Business  
**2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348 US**

Mailing Address  
**P.O. BOX 1247  
PERRY, FL 32348 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-3412340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
DICKERT, JERRY D  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Griffin, James R.  
270 W. Base St.  
Madison, FL 32340** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HICKS, A. MARSHALL  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
Herndon, Leonard R.  
410 Worley Way  
Perry, FL 32347** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DICKERT, MARK  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Dickert, Mark  
3705 54th Dr. W., Suite 202  
Bradenton, FL 34210** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DICKERT, PAUL  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Dickert, Paul  
105 NW 75th St., Suite 3  
Gainesville, FL 32607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MITCHELL, FRED SR.  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Brooks, Roger  
511 Mangum-Close Rd  
Perry, FL 32347** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BROOKS, ROGER R  
2000 S. BRYON BUTLER PKWY  
PERRY, FL 32348** ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

850-584-4411

Daytime Phone #