


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000030900
1. Entity Name
PURPOSE DRIVEN BUSINESS GROUPS, INC



Principal Place of Business Mailing Address
8713 54TH AVENUE E **8713 54TH AVENUE E**
BRADENTON, FL 34211 US **BRADENTON, FL 34211 US**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1178391 Not Applicable

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

6. Name and Address of Current Registered Agent
JIM GAY, CPA
3984 MANATEE AVE E
BRADENTON, FL 34208

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PRES LIGHT, DONALD R 8713 54TH AVENUE E BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LIGHT, LINDA M 8713 54TH AVENUE E BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIGHT, LINDA M 8713 54TH AVENUE E BRADENTON, FL 34211
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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 like empowered.

SIGNATURE: _____ **Date** 5/2/05 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR