


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91248 001 ***150.00

DOCUMENT # 598553 1. Entity Name PS MANAGEMENT COMPANY			
Principal Place of Business 2255 CRESCENT DRIVE MT. DORA, FL 32757 US		Mailing Address C/O GREENBERG TRAUIG 777 S. FLAGLER DRIVE, SUITE 310 EAST WEST PALM BEACH, FL 33401	
2. Principal Place of Business 4426 North Orange Blossom Trail Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32804		Zip	
Country		Country	
4. FEI Number 59-1880757		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAWEEK, JAMES W 2255 CRESCENT DR MT DORA, FL 32757		7. Name and Address of New Registered Agent Name James Traweek Street Address (P.O. Box Number is Not Acceptable) 4426 North Orange Blossom Trail City Orlando	
		FL Zip Code 32804	
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 James Traweek <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/29/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PSTD NAME TRAWEEK, JAMES W STREET ADDRESS 2255 CRESCENT DR CITY-ST-ZIP MT DORA, FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4426 N. Orange Blossom Trail Orlando FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MARETT, JOHN T ONE POTTER RUN ROAD VOLANT, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 425 Mercer Street, PO Box 98 Volant, PA 16156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V NESBITT, WILLIAM ONE POTTER RUN RD VOLANT, PA 16156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 425 Mercer Street, PO Box 98 Volant, PA 16156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS BROWN, MORRIS 777 S FLAGLER DR #3108 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: William Nesbitt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 04-21-04	
		Daytime Phone # 724-533-5055 X124	