



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		4. FEI Number 59-1880757	
Zip 32804		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAWECK, JAMES 2255 CRESCENT DR MT DORA, FL 32757				7. Name and Address of New Registered Agent Name James Traweck 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 Traweck DATE 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD TRAWECK, JAMES W 2255 CRESCENT DR MT DORA, FL 32757	<input type="checkbox"/> Delete			
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	V NESBITT, WILLIAM ONE POTTER RUN RD VOLANT, PA 16156	<input type="checkbox"/> Delete			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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>			04-21-04 724-533-5055 X124 <small>Date Daytime Phone #</small>		