


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90073 026 ***158.75

DOCUMENT # F00000003027 1. Entity Name PS INDUSTRY HOLDINGS, INC.					
Principal Place of Business 2525 DRANE FIELD ROAD, STE 3 LAKELAND, FL 33811			Mailing Address 2525 DRANE FIELD ROAD, STE 3 LAKELAND, FL 33811		
2. Principal Place of Business <i>1102 S. Florida Ave.</i> Suite, Apt. #, etc.		3. Mailing Address <i>1102 S. Florida Ave.</i> Suite, Apt. #, etc.			
City & State <i>Lake Land, FL</i> Zip <i>33803</i>		City & State <i>Lakeland, FL</i> Zip <i>33803</i>		4. FEI Number 59-3547520	
Country <i>US</i>		Country <i>US</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPAPORT, MICHAEL 2525 DRANE FIELD RD, STE 3 LAKELAND, FL 33811				7. Name and Address of New Registered Agent Name <i>Michael Rapaport</i> Street Address (P.O. Box Number is Not Acceptable) <i>1102 S. Florida Ave.</i> City <i>Lakeland</i> FL Zip Code <i>33803</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PCD VLIET, HENRY T 2525 DRANE FIELD RD, STE 3 LAKELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RAPAPORT, MICHAEL 2525 DRANE FIELD RD, STE 3 LAKELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Michael Rapaport</i> Date: <i>1/27/06</i> Daytime Phone #: <i>863-688-3342</i>					

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4. FEI Number
59-3547520

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

RAPAPORT, MICHAEL
2525 DRANE FIELD RD, STE 3
LAKELAND, FL 33811

Michael Rapaport
Street Address (P.O. Box Number is Not Acceptable)
1102 S. Florida Ave.

City *Lakeland* FL Zip Code *33803*

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

VSTD
Michael Rapaport
1102 S. Florida Ave.
Lakeland, FL 33803

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #