

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001168

Entity Name: PST ONE, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 30-0011653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMM, WILLIAM A
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: SPEER, GERALD L
Address: 905 ALASKA DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Delete
Name: GRIMM, WILLIAM A
Address: 301 E. PINE STREET, SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: T (X) Delete
Name: PORTER, C. GREGORY
Address: 400 W. MARKET STREET, SUITE 1400
City-St-Zip: ORLANDO, FL 27401

Title: CD () Delete
Name: TORR, DOUGLAS G
Address: 5221 TERN PLACE
City-St-Zip: FAYETTEVILLE, NC 283111967

Title: D (X) Delete
Name: VARGAS, JOSE
Address: 600 WESTOVER ROAD
City-St-Zip: COLUMBIA, SC 29210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPST (X) Change () Addition
Name: TORR, DOUGLAS G
Address: 5221 TERN PLACE
City-St-Zip: FAYETTEVILLE, NC 283111967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS G. TORR

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date