


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90228 031 \*\*\*150.00

**DOCUMENT # F04000007290**

1. Entity Name  
**PRODUCTION SPECIALISTS OF AMERICA, INC.**



Principal Place of Business  
**870 NORTHSIDE DRIVE, SUITE 200  
 ATLANTA, GA 30318**

Mailing Address  
**870 NORTHSIDE DRIVE, SUITE 200  
 ATLANTA, GA 30318**

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2589331** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSENQUIST, JOHN W  
 1201 S. ORLANDO AVENUE, SUITE 300  
 WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

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**

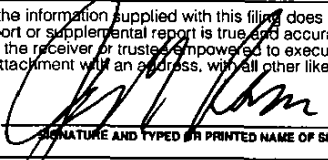
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CS<br>BROWN, STEPHEN<br>870 NORTHSIDE DRIVE, SUITE 200<br>ATLANTA, GA 30318             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCT<br>ROSENQUIST, JOHN W<br>1201 S. ORLANDO AVENUE, SUITE 300<br>WINTER PARK, FL 32789 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPEROS, HARRY<br>785 OAKWOOD BLVD., STE C101<br>LAKE ZURICH, IL 60047              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KEENAN, SCOTT<br>785 OAKWOOD BLVD., SUITE C101<br>LAKE ZURICH, IL 60047            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:  **John Rosenquist** 4/19/05  
Signature and typed or printed name of signing officer or director Date Daytime Phone #