

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001005

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: PSKB INC.

## Current Principal Place of Business:

1800 MACARTHUR BLVD.  
ATLANTA, GA 30318

## New Principal Place of Business:

## Current Mailing Address:

1800 MACARTHUR BLVD.  
ATLANTA, GA 30318

## New Mailing Address:

FEI Number: 58-1535695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, PAT  
149 HAWKCREST CT.  
DEBARY, FL 32713      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: PC ( ) Delete  
Name: KNIGHT, ROBERT W  
Address: 315 DASHING WAVE LN  
City-St-Zip: ALPHARETTA, GA 30005

Title: W ( ) Delete  
Name: SCHELBE, WILLIAM  
Address: 26605 HWY 64 P.O. BOX 116  
City-St-Zip: WHITEVILLE, TN 38057

Title: DS ( ) Delete  
Name: BRANNON, ROBERT L  
Address: 647 TABBY STONE ST.  
City-St-Zip: MARIETTA, GA 30064

Title: DT (X) Delete  
Name: POWELL, THOMAS P  
Address: 6925 HUNTER KNOLL  
City-St-Zip: ATLANTA, GA 30328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KNIGHT, ROBERT W  
Address: 315 DASHING WAVE LN  
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO (X) Change ( ) Addition  
Name: POWELL, THOMAS  
Address: 6925 HUNTERS KNOLL  
City-St-Zip: ATLANTA, GA 30328

Title: VP (X) Change ( ) Addition  
Name: BRANNON, ROBERT L  
Address: 647 TABBY STONE ST.  
City-St-Zip: MARIETTA, GA 30064

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS POWELL

CFO

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date