

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000001034	
1. Entity Name P & S FLORIDA LEISURE CORPORATION	
Principal Place of Business 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334	Mailing Address 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334



DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2739541	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARTRICH, SPENCER M 31550 NORTHWESTERN HWY., SUITE 200 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAPIRO, MICKEY 31550 NORTHWESTERN HWY., SUITE 200 FARMINGTON HILLS, MI 48334
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IN THIS SPACE**

12. I hereby certify that the information submitted 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 my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPENCER M. PARTRICH, PRES.

4/16/07

Date

Daytime Phone #

**248
851-2700**