

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005511

1. Entity Name
PS AMERICA, INC.



Principal Place of Business

425 MERCER STREET
VOLANT, PA 16156

Mailing Address

425 MERCER STREET
VOLANT, PA 16156



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1807439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAWEEK, JAMES W
4426 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

000000267967
03/18/05-80022-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PASD
NAME TRAWEEK, JAMES W
STREET ADDRESS 4426 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO, FL 32804

TITLE VD
NAME MARETT, JOHN T
STREET ADDRESS 425 MERCER STREET
CITY-ST-ZIP VOLANT, PA 16156

TITLE VD
NAME MARETT, CRAIG R
STREET ADDRESS 425 MERCER STREET
CITY-ST-ZIP VOLANT, PA 16156

TITLE TD
NAME CUNNINGHAM, WALLACE
STREET ADDRESS 425 MERCER STREET
CITY-ST-ZIP VOLANT, PA 16156

TITLE VP
NAME NESBITT, WILLIAM L
STREET ADDRESS 425 MERCER STREET
CITY-ST-ZIP VOLANT, PA 16156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William L Nesbitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-05
Date

724-533-5055
Daytime Phone #