

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90040 025 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # G42749 1. Entity Name PSCO, INC. | | | |
| Principal Place of Business 304 WINSTON CREEK PKWY. LAKELAND, FL 33810 US | | Mailing Address 304 WINSTON CREEK PKWY. LAKELAND, FL 33810 US | |
| 2. Principal Place of Business - No P.O. Box # 3597 TIGEREYE CT | | 3. Mailing Address 3597 TIGEREYE CT | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MULBERRY, FL | | City & State MULBERRY, FL | |
| Zip 33860 | | Zip 33860 | |
| Country US | | Country US | |
| 4. FEI Number 36-1647550 | | Applied For <input type="checkbox"/> No: Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAHN, JAMES P. 101 SOUTH FLORIDA AVENUE LAKELAND, FL 33802 | | 7. Name and Address of New Registered Agent Name J. TOM WATSON II Street Address (P.O. Box Number is Not Acceptable) ONE LAKE MORTON DRIVE City LAKELAND FL Zip Code 33802 | |
| 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 Apr 17, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MCCONNELL, RICHARD A. 304 WINSOTN CREEK PKWY. LAKELAND, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD MCCONNELL, JUDITH A. 304 WINSOTN CREEK PKWY. LAKELAND, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CALDWELL, SUSAN M. 1514 N CHEYENNE RICHARDSON, TX <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MELE, WILLIAM S. 304 WINSTON CREEK PKWY. LAKELAND, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied 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 an address, with all other like empowered | | | |
| SIGNATURE: RICHARD A. MCCONNELL | | 04-17-2008 863-425-3632 <small>Date Daytime Phone #</small> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |