2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# K50139

Entity Name: PEOPLES SALES & SERVICE COMPANY

Current Principal Place of Business:

C/O D E SCHWARTZ
702 N. FRANKLIN STREET
TAMPA, FL 336024429 US

New Principal Place of Business:

Current Mailing Address:

C/O D E SCHWARTZ
P.O. BOX 111
TAMPA, FL 336010111 US

New Mailing Address:

FEI Number: 59-2925325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDEVITT, S.M.
702 NORTH FRANKLIN STREET
TAMPA, FL 33602 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:	PD	( ) Delete
Name:	CANTRELL, W. N.	
Address:	702 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 336024429	
Title:	S	( ) Delete
Name:	SCHWARTZ, D. E.	
Address:	702 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 336024429	
Title:	V	( ) Delete
Name:	BARRINGER, P. L.	
Address:	702 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 336024429	
Title:	VTD	( ) Delete
Name:	GILLETTE, G. L.	
Address:	702 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 336024429	
Title:	D	( ) Delete
Name:	RAMIL, J. B.	
Address:	702 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 336024429	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D. E. SCHWARTZ S 04/18/2005

Electronic Signature of Signing Officer or Director — Date