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May 27, 2005 8:00 am
Secretary of State
04-13-2005 90024 050 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

DOCUMENT # L72040

1. Entity Name
P & S PROPERTIES, INC.

Principal Place of Business
~~601 CHURCH ST~~ 2195-B 12th St.
~~NOKOMIS, FL 34275~~ SARASOTA FL
34237

Mailing Address
PO BOX 308
OSPREY, FL 34229 -0308

66019579

04042005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0207035
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SANZONE, SANDRA~~
~~328 PINE RANCH TR~~
~~OSPREY, FL 34229~~
P.H. SANZONE
2195-B 12th STREET
SARASOTA FL 34237

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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 P.H. Sanzone P.H. SANZONE 4/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANZONE, SANDRA R.
STREET ADDRESS	328 PINE RANCH TR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	ST
NAME	SANZONE, PHILIP
STREET ADDRESS	~~328 PINE RANCH TR~~ 2195-B 12th St.
CITY-ST-ZIP	~~OSPREY, FL 34229~~ SARASOTA FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: P.H. Sanzone P.H. SANZONE 5/14/05 9419155300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #