

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 004 \*\*\*\*70.00

DOCUMENT # N02000008658

1. Entity Name  
PSP OF LEON COUNTY, INC.



Principal Place of Business  
1615 HOLTON ST  
TALLAHASSEE, FL 32310

Mailing Address  
1615 HOLTON ST  
TALLAHASSEE, FL 32310



2. Principal Place of Business		3. Mailing Address		03082005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		37-1452149	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HARGRETT, ELLA L 1615 HOLTON ST TALLAHASSEE, FL 32310				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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: *Ella L. Hargrett* ELLA L. HARGRETT DATE: 03/08/05

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, SALLIE			NAME	GRESHAM, DEBRA		
STREET ADDRESS	3506 TOUCAN DRIVE			STREET ADDRESS	2039 N. MERIDIAN RD., #209		
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BIVINS, LETISHA			NAME	CHERYL WILLIAMS		
STREET ADDRESS	8665 WIDE ROAD			STREET ADDRESS	2404 CLASSIE ALLEN LANE		
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP	TALLAHASSEE, FL 32311		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, SCHNELLE			NAME	LORETTA HOJE		
STREET ADDRESS	2708-B VIA MILANO AVENUE			STREET ADDRESS	1942 ROB WAY		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE		<input type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	SEBRINA JONES		
STREET ADDRESS				STREET ADDRESS	2127 SAXON ST.		
CITY-ST-ZIP				CITY-ST-ZIP	TALLAHASSEE, FL 32310		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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: *Debra L. Gresham* DEBRA L. GRESHAM DATE: 3/8/2005 DAYTIME PHONE #: (950) 383-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR