

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002812

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** PUBLIC SERVICE AMERICA, INC.

**Current Principal Place of Business:**

25 2ND ST N #300  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

25 2ND ST N #300  
ST PETERSBURG, FL 33701

**New Mailing Address:**

25 2ND ST N #310  
ST PETERSBURG, FL 33701

FEI Number: 65-1207764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOSCH, WILLIAM C  
25 2ND ST N #300  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

LOSCH, WILLIAM C  
25 2ND ST N #310  
ST PETERSBURG, FL 33701 US

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: WILLIAM LOSCH

04/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOSCH, WILLIAM  
Address: 25 2ND STREET N SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: S ( ) Delete  
Name: DASILVA, ALISON  
Address: 25 2ND STREET N SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: LOSCH, JENNIFER  
Address: 25 2ND STREET N SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LOSCH

DIR

04/24/2007

Electronic Signature of Signing Officer or Director

Date