


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000014677					
1. Entity Name PSL LANDSCAPE SERVICES, INC.					
Principal Place of Business 6132 SNOOK CT PORT SAINT LUCIE FL 34983			Mailing Address P O BOX 14749 FT PIERCE FL 34979		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0999939				Applied For <input type="checkbox"/> Not Applicable	
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		
WILLIAMS, SHELL 900 VIRGINIA AVE STE 15 FORT PIERCE FL 34982			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD KIJEWski, JOANNA E PO BOX 14949 FT PIERCE FL 34979 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U000000242063 02/24/05-80068-025 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-STATE-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 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: <u>Joanna Kijewski - Joanna Kijewski</u> <u>2-21-2005 772-8793766</u>					