

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 019 ***150.00

DOCUMENT # P0000062069

1. Entity Name
PERSONAL SOLUTIONS, INC.



Principal Place of Business
**4801 S. UNIVERSITY DR. STE 209
DAVIE, FL 33328**

Mailing Address
**4801 S. UNIVERSITY DR. STE 209
DAVIE, FL 33328** *same*

**1133 S. University DR
Ste. 206 Plantation, FL 33324**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1023894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, CAROLYN D F
4801 S. UNIVERSITY DR. STE. 209
DAVIE, FL 33328
1133 S. University DR. Ste. 206
Plantation, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
- Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WILSON, CAROLYN F
STREET ADDRESS	4801 S. UNIVERSITY DR. STE 209 1133 S.
CITY-ST-ZIP	DAVIE, FL 33328 University DR Ste. 206 Plantation, FL 33324
TITLE	VST
NAME	WILSON, CAROLYN F
STREET ADDRESS	1133 S. University
CITY-ST-ZIP	4801 S. UNIVERSITY DR. STE 209 DR. Ste. 206 DAVIE, FL 33328 Plantation, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Carolyn F. Wilson **Carolyn F. Wilson** 1-23-04 954-260-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #