


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000043818 1. Entity Name PSN PROPERTIES, INC.	
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Principal Place of Business 113 GORNT0 LAKE ROAD BRANDON, FL 33510	Mailing Address 113 GORNT0 LAKE ROAD BRANDON, FL 33510
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0716105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABAN, FRANCIS A
113 GORNT0 LAKE ROAD
BRANDON, FL 33510

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABAN, FRANCIS A 113 GORNT0 LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CABAN, ANA MARIE 113 GORNT0 LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABAN, FRANCIS P 113 GORNT0 LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABAN, STEPHAN I 113 GORNT0 LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABAN, NATALIE K 113 GORNT0 LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000118556
04/19/04-80065-006 150.00

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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: Francis A Caban - President 4/19/04 (813) 654-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #