2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # P01000067351 1. Entity Name PSY ENTERPRISES, INC. Principal Place of Business Mailing Address 2750 CREIGHTON RD 2750 CREIGHTON RD PENSACOLA, FL 32504 PENSACOLA, FL 32504 CR2E034 (10/03) 01212004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0012758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGRAW, ARTICE L ESQ DO NOT WRITE 817 N PALAFOX STREET PENSACOLA, FL 32501 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 title if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPVS TITLE FIELDS, PEGGY NAME 2750 CREIGHTON RD STREET ADDRESS U00000022777 01/30/04-80057-022 150.00 CITY - ST - ZIP PENSACOLA, FL 32504 FIELDS, PEGGY NAME STREET ADDRESS 2750 CREIGHTON RD CITY - ST - ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 with all other like empowered

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE

FILED