


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000067351	
<b>1. Entity Name</b> PSY ENTERPRISES, INC.	

<b>Principal Place of Business</b> 2750 CREIGHTON RD PENSACOLA, FL 32504	<b>Mailing Address</b> 2750 CREIGHTON RD PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 90-0012758	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MCGRAW, ARTICE L ESQ  
817 N PALAFOX STREET  
PENSACOLA, FL 32501

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**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** Peggy S. Fields PEGGY S. FIELDS 1/24/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	DPVS FIELDS, PEGGY 2750 CREIGHTON RD PENSACOLA, FL 32504
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	T FIELDS, PEGGY 2750 CREIGHTON RD PENSACOLA, FL 32504
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01/27/05-80026-020 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Peggy S. Fields PEGGY S. FIELDS 1/24/05 (850) 477-2325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #