


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90268 012 \*\*\*150.00

<b>DOCUMENT # P01000109742</b>		
1. Entity Name <b>PSI &amp; ASSOCIATES OF SOUTH FLORIDA, INC.</b>		

Principal Place of Business <b>3617 CROWN POINT ROAD STE 2 JACKSONVILLE, FL 32257</b>	Mailing Address <b>PO BOX 24668 JACKSONVILLE, FL 32241</b>
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2. Principal Place of Business <b>4631 10th Avenue N.</b>	3. Mailing Address <b>P.O. Box 541116</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake Worth, FL</b>	City & State <b>Greenacres, FL</b>
Zip <b>33463</b>	Zip <b>33454-1116</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD STE #2 JACKSONVILLE, FL 32257</b>	
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7. Name and Address of New Registered Agent Name <b>Angela DeFeo</b> Street Address (P.O. Box Number is Not Acceptable) <b>4631 10th Avenue N.</b> City <b>Lake Worth</b> State <b>FL</b> Zip Code <b>33463</b>	
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 <b>Angela DeFeo, President</b> DATE <b>4/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DEFEO, ANGELA J 6261 SERENE RUN LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DeFeo, Angela J. 4631 10th Avenue N. Lake Worth, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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: <b>Angela DeFeo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/12/04</b> Daytime Phone # <b>561-433-8878</b>