


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90023 041 ***150.00

DOCUMENT # P02000050417

1. Entity Name
P.S.I. WASTE EQUIPMENT SERVICES, INC.



Principal Place of Business Mailing Address

**3851 SW 160 AVE
MIRAMAR, FL 33027** **3851 SW 160 AVE
MIRAMAR, FL 33027**

34010300

2. Principal Place of Business 3. Mailing Address

31126 INDUSTRY DRIVE **31126 INDUSTRY DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 30 **SUITE 30**

City & State City & State

TAVARES, FL **TAVARES, FL**

Zip Country Zip Country

32778-9502 **USA** **32778-9502** **USA**



01302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

01-0684264 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONG, KEVIN E
3851 SW 160 AVE
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name **LONG, KEVIN E**

Street Address (P.O. Box Number is Not Acceptable) **31126 INDUSTRY DRIVE**

SUITE 30

City **TAVARES** FL Zip Code **32778-9502**

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: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LONG, KEVIN E 3851 SW 160TH AVE #101 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	216 S JOHNS STREET MT. DORA, FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LONG, DIANA 3851 SW 160TH AVE #101 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONG, DIANE 216 S JOHNS STREET MT. DORA, FL 32757 <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
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

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 officers empowered.

SIGNATURE:  **KEVIN E. LONG** **2-22-04** **352-636-9084**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #