2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 25, 2004 8:00 am
Secretary of State

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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

2. Principal Place of Business		3. Mailing Address	
31126 INDUSTRY DRIVE		31126 INDUSTRY DRIVE	
Suite, Apt. #, etc. SUITE 30		Suite, Apt. #, etc. SUITE 30	
City & State TAVARES, FL		City & State TAVARES, FL	
Zip 32778-9502	Country USA	Zip 32778-9502	Country USA

4. FEI Number 01-0684264 — Applied For / 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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDTS ☐ Delete
NAME	LONG, KEVIN E
STREET ADDRESS	3851 SW 160TH AVE #101
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VPD ☐ Delete
NAME	LONG, DIANA
STREET ADDRESS	3851 SW 160TH AVE #101
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	216 S JOHNS STREET
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	☒ Change ☐ Addition
NAME	LONG, DIANE
STREET ADDRESS	216 S JOHNS STREET
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: KEVIN E. LONG — 2-12-04 — 352-636-9084

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