

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000057998

1. Entity Name

POSITIVE SOLUTIONS, INC.



Principal Place of Business

**8824 SE OAK GROVE TERRACE
HOBE SOUND FL 33455**

Mailing Address

**8824 SE OAK GROVE TERRACE
HOBE SOUND FL 33455**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

41-2046484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINER, ROBERT H
8824 SE OAK GROVE TERR
HOBE SOUND FL 33455**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 individual agent and his firm, if applicable

(NOTE: Registered Agent sign/turn required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete
NAME	WINER, ROBERT H	
STREET ADDRESS	8824 SE OAK GROVE TERRACE	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE	SD	☐ Delete
NAME	WINER, LESLIE A	
STREET ADDRESS	8824 SE OAK GROVE TERRACE	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE		☐ Delete
NAME		
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TITLE		☐ Change ☐ Addition
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CITY- ST- ZIP		

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04/09/08-80080-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Leslie A. Winer* **LESLIE A. WINER**

3/24/08

772-545-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone, fax, e-mail