


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 24, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000094597</b> 1. Entity Name <b>PERSONAL SOLUTIONS UNLIMITED, INC.</b>	
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Principal Place of Business  
**420 S GARDEN AVE 2ND FLOOR  
CLEARWATER, FL 33766**

Mailing Address  
**420 S GARDEN AVE 2ND FLOOR  
CLEARWATER, FL 33766**



03092003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0902440</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**LEE, JEFF  
1771 KENESAW LANE  
CLEARWATER, FL 33765**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEAL, JAMES 11201 VALLEY SPRING LANE STUDIO CITY, CA 91602
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD LEE, JULIE 1771 KENESAW LANE CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	O KIRK, SHAWN 1528 FARRIER TRAIL CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	O NEAL, ASTRID 11201 VALLEY SPRING LANE STUDIO CITY, CA 91602
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEE, JEFF 1771 KENESAW LANE CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/24/04-80002-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #