


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90150 012 \*\*\*150.00

<b>DOCUMENT # P02000095864</b>		
1. Entity Name <b>PERSONAL SERVICE TO YOU, INC.</b>		

Principal Place of Business <b>525 FOURTH AVE SO NAPLES FL 34102</b>	Mailing Address <b>525 FOURTH AVE SO NAPLES FL 34102</b>
---	---

20029500



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>557 CHARLEMAGNE BLVD</b>		3. Mailing Address <b>557 CHARLEMAGNE BLVD</b>	
Suite, Apt. #, etc. <b>BLVD</b>		Suite, Apt. #, etc.	

City & State <b>NAPLES, FL 34112</b>	City & State <b>NAPLES, FL</b>
Zip <b>34112</b>	Country <b>USA</b>

4. FEI Number <b>56-2290614</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>DAY, KAREN 525 FOURTH AVE SO NAPLES FL 34101</b>		7. Name and Address of New Registered Agent Name <b>DAY KAREN (2/6/105)</b> Street Address (P.O. Box Number is Not Acceptable) <b>557 CHARLEMAGNE BLVD</b> City <b>NAPLES</b> FL <b>34112</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 Karen Day (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SO GNESS, RONALD G</b> <b>122 JEEPERS DRIVE</b> <b>NAPLES FL 34112</b> <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	<b>S</b> <b>SO GNESS, RONALD G</b> <b>122 JEEPERS DRIVE</b> <b>NAPLES FL 34112</b> <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	<b>VPT</b> <b>DAY, KAREN</b> <b>525 FOURTH AVE SO</b> <b>NAPLES FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>557 CHARLEMAGNE BLVD</b> <b>NAPLES, FL 34112</b>
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 like empowered.

SIGNATURE: Karen Day **KAREN DAY** 6/7/05 **239-777-6084**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #