2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000095864

1. Entity Name
PERSONAL SERVICE TO YOU, INC.

Principal Place of Business	Mailing Address
557 CHARLEMAGNE BLVD NAPLES, FL 34112	557 CHARLEMAGNE BLVD NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2290614
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAY, KAREN
557 CHARLEMAGNE BLVD
NAPLES, FL 34112

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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, 2006 Fee will be $550.00

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

000003503505
04/26/06-80032-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOGNESS, RONALD G
STREET ADDRESS	122 JEEPERS DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	S
NAME	SOGNESS, RONALD G
STREET ADDRESS	122 JEEPERS DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VPT
NAME	DAY, KAREN
STREET ADDRESS	557 CHARLEMAGNE BLVD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/9/06 239-777-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #