## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111134

Title:

Name:

Address:

City-St-Zip:

STD

GEIST, TRISH J S/T

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5317 CHIPPENDALE CIRCLE E.

FORT MYERS, FL 33919 US

FILED Mar 03, 2006 Secretary of State

Entity Nan	ne: PSF MANU	JFACTURING, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
16651 OLD FT MYERS	US 41 , FL 33912						
Current Mailing Address:			New Mailing Address:				
16651 OLD FT MYERS	US 41 , FL 33912						
FEI Number:	11-3662962	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) C	ertificate of Status	Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
The above	US 41 RS, FL 33912 named entity su	US ubmits this statement for the pu	urpose of changing it	s registered offic	e or registered a	gent, or both,	
in the State	of Florida.	·		_	_		
SIGNATURE: Electronic Signature of Registered Ager			nt	Date			
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VAN HOOK, JAY 6701 MEDLAR D		Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	MORGAN, DENN	PH CREEK LANE	Title: Name: Address: City-St-Zip:	VD (X) CH MORGAN, DENNIS 18330 TELEGRAP ALVA, FL 33920 U	H CREEK LANE		
Title: Name: Address: City-St-Zip:	PD ()E PIZZUTO, SAMU 13800 HICKORY FORT MYERS, F	RUN LANE	Title: Name: Address: City-St-Zip:	PD (X) CH PIZZUTO, SAMUEI 13800 HICKORY F FORT MYERS, FL	RUN LANE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TRISH J. GEIST STD 03/03/2006

() Change () Addition