

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111134

Entity Name: PSF MANUFACTURING, INC.

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

16651 OLD US 41
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

16651 OLD US 41
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 11-3662962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIZZUTO, SAMUEL
16651 OLD US 41
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: VAN HOOK, JAY VP
Address: 6701 MEDLAR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VD () Delete
Name: MORGAN, DENNIS D VP
Address: 18330 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33920 US

Title: PD () Delete
Name: PIZZUTO, SAMUEL J PRES
Address: 13800 HICKORY RUN LANE
City-St-Zip: FORT MYERS, FL 33912 US

Title: STD () Delete
Name: GEIST, TRISH J S/T
Address: 5317 CHIPPENDALE CIRCLE E.
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRISH J. GEIST

STD

01/26/2007

Electronic Signature of Signing Officer or Director

Date