


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90472 017 \*\*\*150.00

DOCUMENT # P93000048042					
1. Entity Name PSL CORP.					
Principal Place of Business <b>3773 CENTRAL AVE. A-552 ST. PETERSBURG, FL 33713</b>			Mailing Address <b>3773 CENTRAL AVE. A-552 ST. PETERSBURG, FL 33713</b>		
2. Principal Place of Business - No P.O. Box # <b>481 S.E. EVERGREEN TER.</b>			3. Mailing Address <b>1700 66TH ST. NORTH</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>304</b>		
City & State <b>PORT ST. LUCIE, FL</b>			City & State <b>ST. PETERSBURG, FL</b>		
Zip <b>34983</b>		Country <b>USA</b>		Zip <b>33710</b>	
				Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>WINEBRENNER, J.M. 3773 CENTRAL AVE. ST. PETERSBURG, FL 33713</b>				7. Name and Address of New Registered Agent Name <b>TED SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1700 66TH ST. NORTH # 304</b> City <b>ST. PETERSBURG</b> FL Zip Code <b>33710</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 <u><b>Ted Smith</b></u> <b>TED SMITH</b> <b>4-24-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FIRSCHING, STEPHEN W.C. 481 S.E. EVERGREEN TERRACE PORT ST. LUCIE, FL 34983	<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	VP JOAN FIRSCHING 481 SE EVERGREEN PORT ST. LUCIE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>34983</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FIRSCHING, KEITH 1808 LACEY OAK LANE KELLER, TX 76248	<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	S WINEBRENNER, JACK 1384 54TH AVE NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(S) PERRY DEMPSEY 44-28 46TH AVENUE SOUTH ST. PETERSBURG, FL. 33711</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	
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: <u><b>Stephen W. C. Firsching</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/24/2007</b> <b>(727) 381-1699</b> <small>Date Daytime Phone #</small>		

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04182007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3194395**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINEBRENNER, J.M.  
3773 CENTRAL AVE.  
ST. PETERSBURG, FL 33713**

Name  
**TED SMITH**  
Street Address (P.O. Box Number is Not Acceptable)  
**1700 66TH ST. NORTH # 304**  
City  
**ST. PETERSBURG** FL Zip Code  
**33710**

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SIGNATURE **Ted Smith** **TED SMITH** **4-24-07**  
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, 2007 Fee will be \$550.00**

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  
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STREET ADDRESS  
CITY - ST - ZIP

PD  
FIRSCHING, STEPHEN W.C.  
481 S.E. EVERGREEN TERRACE  
PORT ST. LUCIE, FL 34983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
JOAN FIRSCHING  
481 SE EVERGREEN  
PORT ST. LUCIE, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
FIRSCHING, KEITH  
1808 LACEY OAK LANE  
KELLER, TX 76248

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
WINEBRENNER, JACK  
1384 54TH AVE NE  
SAINT PETERSBURG, FL 33703

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SIGNATURE: **Stephen W. C. Firsching**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2007** **(727) 381-1699**  
Date Daytime Phone #