

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90048 011 ***150.00

DOCUMENT # 1. Entity Name	P94000069826
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PS OF SW FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12020 METRO PARKWAY Suite, Apt. #, etc.		3. Mailing Address 400 SPRING RIDGE DRIVE Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State WYOMISSING PA	
Zip 33912	Country	Zip 19610	Country

DO NOT WRITE IN THIS SPACE

24017440

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0526037		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name ACCOUNTING AND TAX ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 802 ANCHOR RODE DRIVE City NAPLES FL Zip Code 34103		

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUMBACH, PHILLIP 400 SPRING RIDGE DR WYOMISSING PA 19610	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phillip C. Brumbach

3/8/04