

**2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90004 027 ***150.00

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

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60011198

2. Principal Place of Business C/O 400 SPRING RIDGE DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WYOMISSING, PA	City & State
Zip 19610	Country

4. FEI Number 65-0526037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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	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**

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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	p BRUMBACH, PHILLIP 400 SPRING RIDGE DR WYOMISSING PA 19610
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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  **PHILLIP BRUMBACH PRESIDENT** **(239) 939-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**