

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000090807 1. Entity Name P S PRINTING AND MARKETING, INC.	
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Principal Place of Business 240 SOUTH BEACH STREET DAYTONA BEACH, FL 32114	Mailing Address 240 SOUTH BEACH STREET DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3288079	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JAY MARVIN
240 SOUTH BEACH STREET
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000187882
01/24/05-80035-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAY MARVIN 1109 CARMEN AVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BARBARA A 1109 CARMEN AVE. HOLLY HILL, FL 32117
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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay M Young Date: 3862552767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #