

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020650

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ROWAN CONSTRUCTION-PSL, INC.

**Current Principal Place of Business:**

1840 NW 33 ST  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

1840 NW 33 ST  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 65-0562956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWAN, CHARLES  
1840 NW 33 ST  
POMPANO BEACH, FL 33064      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: DP      ( ) Delete  
Name: ROWAN, CHARLES  
Address: 1840 NW 33 ST  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S      ( ) Delete  
Name: MARSH, CINDY L  
Address: 1840 NORTHWEST 33RD STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S      (X) Change ( ) Addition  
Name: MARSH, CINDY L  
Address: 11405 N.E. 120TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP      ( ) Change (X) Addition  
Name: SCHAFFER, ROBIN M  
Address: 1840 N.W. 33RD STREET  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES ROWAN

DP

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date