

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90207 013 ***150.00

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DOCUMENT # P95000050106 1. Entity Name E.A.T. ICES OF PSL, INC.						
Principal Place of Business 8768 SE WOODWIND ST HOBE SOUND, FL 33455 US			Mailing Address 8768 SE WOODWARD ST HOBE SOUND, FL 33455 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8768 SE Woodwind St. Suite, Apt. #, etc.				
City & State Zip Country		City & State Hobe Sound FL Zip Country 33455 USA		4. FEI Number 65-0596499		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent PASS, EDGAR F JR 10425 SOUTH FEDERAL HWY PORT ST. LUCIE, FL. 34952						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code						
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	D	PASS, EDGAR F JR	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS		8768 SW WOODWIND ST		STREET ADDRESS		
CITY - ST - ZIP		HOBE SOUND, FL		CITY - ST - ZIP		
TITLE	D	PASS, KIM M	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS		8768 WOODWIND ST		STREET ADDRESS		
CITY - ST - ZIP		HOBE SOUND, FL		CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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: Edgar F. Pass Jr. President 2/05/04 (772) 546-0398 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						