

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000035379	
1. Entity Name PSK, INC.	

Principal Place of Business C/O STUART S. GOLDING CO. 27001 U.S. HWY 9 NORTH, STE. 2095 CLEARWATER, FL 33761 US	Mailing Address C/O STUART S. GOLDING CO. 27001 U.S. HWY 9 NORTH, STE. 2095 CLEARWATER, FL 33761 US
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3387883	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDING SCHER, H. SARA 503 ERIE AVE TAMPA, FL 33765
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**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, 2006 Fee will be \$550.00**

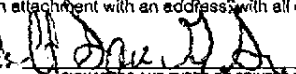
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING SCHER, H. SARA 503 ERIE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, PAUL R P.O. BOX 115 TESUQUE, NM 87574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, KENNETH A 5519 CAROLINA PLACE N.W. WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80030-010 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **H Sara Golding Scher** **4/3/06** **727 796-1077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #