2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000088064

1. Entity Name
PERSONALI-TEES & ADVERTISING SPECIALTIES, INC.

Principal Place of Business	Mailing Address
3500 ALOMA AVENUE W-4	3500 ALOMA AVENUE W-4
WINTER PARK, FL 32792	WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

02022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3408798	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

LOVELACE, WILLIAM K ESQ.
2310 WEST BAY DRIVE
LARGO, FL

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 _____
    Signature, typed or printed name of registered agent and title if applicable.   [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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	CLARK, DEBORAH T	
STREET ADDRESS	3500 ALOMA AVENUE W-4	
CITY-ST-ZIP	WINTER PARK, FL 32792	U000000222396 02/09/05-80073-009 150.00
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____Deb T. Clark_____   2.7.05   407.657-7399
    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #