2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019384

1. Entity Name
PS OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
5145 W. STATE ST.	5145 W. STATE ST.
HOMOSASSA, FL 34446 US	HOMOSASSA, FL 34446 US

DO NOT WRITE IN THIS SPACE

02272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0738706	Not Applicable

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

6. Name and Address of Current Registered Agent

DEE, SHANA
5145 W STATE ST
HOMOSASSA, FL 34446

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 _____ *Shana Dee*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 3/8/05

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	P
NAME	DEE, SHANA
STREET ADDRESS	5145 W. STATE ST.
CITY-ST-ZIP	HOMOSASSA, FL 34446

U00000257298
03/09/05--80048-017 150.00

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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: _____ *Shana Dee*   Shana Dee   3/8/05   352 628-5033

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