2008 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Mar 06, 2008 08:00 AN				
DOCUMENT # P9900004083 1. Entity Name P.S. MUSELLA, INC.				Secretary of State				
9115 SOUTHWEST 102 PLACE 9115 SOUT		ailing Address 9115 SOUTHWEST 102 PLACE OCALA, FL 34481				1101 B101 1 115		
DO NOT WRITE IN THIS SPA			CE	01242008 4. FEI Numb 59-355	No Chg-P		/05) Applied For Not Applicable Additional	
	6. Name and Address of Current Regis	tered Agent			· · · · · · · · · · · · · · · · · · ·			
MUSELLA 9115 SOU OCALA, F	THWEST 102 PLACE			NOT WI				
the obligat	named entity submits this statement for the plants of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00		d Agent signature require			DATE		
	ay 1, 2008 Fee will be \$550.00							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD MUSELLA, PETER 9115 SW 102 PL OCALA, FL 34481	CHORS			Нопос	849333		
NAME STREET ADDRESS CITY-ST-ZIP					03/21/08-	80016-01:	9 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AME TREET ADDRESS			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · ·			
TITLE] <i>~</i>	٠ ,	• •	· ·	·	

12. Thereby 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 line emported ER MUSELLA

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR