## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 03, 2005 08:00 AM **Secretary of State** DOCUMENT # P99000031704 PSP CONSTRUCTION, INC. Principal Place of Business Mailing Address 1515 RIDGEWOOD AVE P O BOX 126 FLAGLER BEACH, FL 32136 SUITE A HOLLYHILL, FL 32117 No Chg-P 01102005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3566681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOGUIDICE, JOE DO NOT WRITE 1515 RIDGEWOOD AVE SUITE A IN THIS SPACE HOLLYHILL, FL 32117 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, typed or printed name of registered age \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ST PETER, PAUL MAME STREET ADDRESS P O BOX 126 CITY-ST-ZIP FLAGLER BEACH, FL 32136 DILE U00000212133 02/03/05-80015-016 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY - ST-ZIP 1002 NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**