


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90029 049 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # S51423</b>                   |  |
| 1. Entity Name<br><b>P. S. P. I., INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>15 DAHOON CT SOUTH<br/>HOMOSASSA FL 34446-8922</b> | Mailing Address<br><b>15 DAHOON CT<br/>HOMOSASSA FL 32646-8921</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E034 (11/03)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-3064387</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |  |
| 6. Name and Address of Current Registered Agent<br><b>POE, GARY A.<br/>103 N APOPKA AVE<br/>INVERNESS FL 32650</b> |  | 7. Name and Address of New Registered Agent            |
| Name   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  |  |
| City   |  | FL Zip Code  |

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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HALSTEAD, GERALDINE A<br>763 PEREGRINE DR<br>INDIALANTIC FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director<br>Geraldine Ann HALSTEAD<br>763 Peregrine Drive<br>INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Added Zip Code) |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZAJIC, MELANIE<br>6735 BLANCHE DR<br>LORTON VA 22079 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director<br>Melanie ZAJIC<br>8402 Chillum Ct<br>SPRINGFIELD VA 22153 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LIVELLI, CAROL LEE<br>101 STATE HIGHWAY 5 APT 201<br>EDGEWATER NJ 07020 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ZAJIC, ANNA M<br>15 DAHOON CT SOUTH<br>HOMOSASSA FL 34446-8922 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ZAJIC, ANNA M<br>15 DAHOON CT SOUTH<br>HOMOSASSA FL 34446-8922 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** Anna M. Zajic **Anna M. ZAJIC** **15 Feb 2004** **352-382-1535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**