

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90022 023 ***158.75

DOCUMENT # S51423

1. Entity Name

P. S. P. I., INC.



Principal Place of Business
1183 HOUSTON STREET
MELBOURNE FL 32935-7026

Mailing Address
1183 HOUSTON STREET
MELBOURNE FL 32935-7026



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3064387

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POE, GARY A.
103 N APOPKA AVE
INVERNESS FL 32650

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HALSTEAD, GERALDINE A
STREET ADDRESS 763 PEREGRINE DR
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE D
NAME ZAJIC, MELANIE
STREET ADDRESS 8402 CHILLUM CT
CITY-ST-ZIP SPRINGFIELD VA 22153 ☐ Delete

TITLE D
NAME LIVELLI, CAROL LEE
STREET ADDRESS 101 STATE HIGHWAY 5 APT 201
CITY-ST-ZIP EDGEWATER NJ 07020 ☐ Delete

TITLE P
NAME ZAJIC, ANNA M
STREET ADDRESS 15 DAHOON CT SOUTH
CITY-ST-ZIP HOMOSASSA FL 34446-8922 ☐ Delete

TITLE ST
NAME ZAJIC, ANNA M
STREET ADDRESS 15 DAHOON CT SOUTH
CITY-ST-ZIP HOMOSASSA FL 34446-8922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director / Vice President
NAME LIVELLI, Carol LEE
STREET ADDRESS 2423 Panama Street
CITY-ST-ZIP Philadelphia- PA 19103- ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Anna M Zajic, Anna M. Zajic, President Feb 21 07 321-255-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #