## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S51423

Name:

Address: City-St-Zip: ZAJIC, ANNA M

15 DAHOON CT SOUTH

HOMOSASSA, FL 344468922

FILED Mar 03, 2009 Secretary of State

Entity Name: P. S. P. I., INC. **Current Principal Place of Business: New Principal Place of Business:** 1183 HOUSTON STREET MELBOURNE, FL 329357026 **Current Mailing Address: New Mailing Address:** 1183 HOUSTON STREET MELBOURNE, FL 329357026 FEI Number: 59-3064387 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POE, GARY A 103 N APOPKA AVE INVERNESS, FL 32650 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HALSTEAD, GERALDINE A Name: Name: 763 PEREGRINE DR Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: ZAJIC, MELANIE Name: 8402 CHILLUM CT Address: Address: SPRINGFIELD, VA 22153 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition LIVELLI, CAROL L LIVELLI, CAROL L Name: Name: 2423 PANAMA STREET 1183 HOUSTON ST. Address: Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: MELBOURNE, FL 329357026 Title: () Delete Title: (X) Change ( ) Addition ZAJIC, ANNA M ZAJIC, ANNA M Name: Name: Address: 15 DAHOON CT SOUTH Address: 1183 HOUSTON ST. City-St-Zip: HOMOSASSA, FL 344468922 City-St-Zip: MELBOURNE, FL 329357026 Title: Title: () Delete (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ZAJIC, ANNA M

1183 HOUSTON ST.

MELBOURNE, FL 329357026

SIGNATURE: ANNA M. ZAJIC P 03/03/2009