


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # V53617 1. Entity Name P&S PROCESSING & REFINING, INC.																													
Principal Place of Business 1841 CR-209-B GREEN COVE SPRINGS FL 32043			Mailing Address 1841 CR-209-B GREEN COVE SPRINGS FL 32043																										
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-3140467 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PARKER, CONRAD F SR 1841 CR 209 B GREEN COVE SPRINGS FL 32043																									
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PARKER, REGINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1841 CR 209-B</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GREEN COVE SPRINGS FL 32043</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	PARKER, REGINA		STREET ADDRESS	1841 CR 209-B		CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>000000307348</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>04/15/05-80053-007</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>150.00</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	000000307348	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	04/15/05-80053-007		CITY- ST- ZIP	150.00	
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME	PARKER, REGINA																												
STREET ADDRESS	1841 CR 209-B																												
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043																												
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME	000000307348	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	04/15/05-80053-007																												
CITY- ST- ZIP	150.00																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PARKER, CONRAD F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1841 CR 209-B</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GREEN COVE SPRINGS FL 32043</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	PARKER, CONRAD F		STREET ADDRESS	1841 CR 209-B		CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME	PARKER, CONRAD F																												
STREET ADDRESS	1841 CR 209-B																												
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043																												
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Delete <input type="checkbox"/>																											
NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS																													
CITY- ST- ZIP																													

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:

Conrad F. Parker Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-05