**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 25, 2023**
**Secretary of State**
**5663778815CC**

DOCUMENT# 491347

**Entity Name:** P.S.I. CAPITAL, INC.

**Current Principal Place of Business:**

4860 S. ATLANTIC AVE.
UNIT 201
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

PO BOX 162412
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number: 59-1675824**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASHE, PAUL R
4860 S. ATLANTIC AVE.
UNIT 201
NEW SMYRNA BEACH, FL 32169 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

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PD | Title | VP |
| Name | ASHE, PAUL R | Name | ALAN, ASHE M |
| Address | PO BOX 162412 | Address | PO BOX 162412 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32716 | City-State-Zip: | ALTAMONTE SPRINGS FL 32716 |

| | |
|---|---|
| Title | SECRETARY / TREASURER |
| Name | ASHE, LAWRENCE V |
| Address | PO BOX 162412 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32716 |

*I hereby 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 all other like empowered.*

SIGNATURE: PAUL R ASHE. PRESIDENT 03/25/2023

Electronic Signature of Signing Officer/Director Detail — Date