

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S80225

Entity Name
DAVID L. BRESSETT, INC.



Principal Place of Business
**1459 20TH STREET
VERO BEACH, FL 32960**

Mailing Address
**1459 20TH STREET
VERO BEACH, FL 32960**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0281611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRESSETT, DAVID L.
90 31ST AVE
VERO BEACH, FL 32968**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000398313
01/30/06-80090-011 150.00**

OFFICERS AND DIRECTORS

NAME	D BRESSETT, DAVID L
HOME ADDRESS	1459 20TH STREET
HOME CITY-STATE-ZIP	VERO BEACH, FL 32960
WORK ADDRESS	
WORK CITY-STATE-ZIP	
MAILING ADDRESS	
MAILING CITY-STATE-ZIP	
TELEPHONE ADDRESS	
TELEPHONE CITY-STATE-ZIP	
TELEPHONE ADDRESS	
TELEPHONE CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: **David L. Bressett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-06 772-562-2313