2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 442935

1. Entity Name

PRESS PRINTING ENTERPRISES, INC.



----FILED--Mar 03, 2004 08:00 AM **Secretary of State**

Principal Place of Business

3601 HANSON STREET POST OFFICE BOX 220

FORT MYERS, FL 33916 US

Malling Address

3601 HANSON STREET POST OFFICE BOX 220 FORT MYERS, FL 33902 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1498447

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Applied For

LUETTICH, CARL

15018 BRIAR RIDGE CIR. FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

					No. 2 as a Service	
8. The above the obligat	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered office of	registered agent, or both	h, in the State of Florida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered egent and title	f applicable. (NOTE: Registered Agent agris	ture required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Pee will be \$550,00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	<u>-, , , , , , , , , , , , , , , , , , , </u>		
#10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUETTICH, LARRY 15620 GLENDALE LN. FT. MYERS, FL. 33912			U00000075664		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUETTICH, CARL 15018 BRIAR RIDGE CIR. FT. MYERS, FL 33912			03/03/04-80068-019 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZP		•	IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u>	<u>-</u>	
TITLE						

12. I hereby certify that the information supplied with this filting 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 suppliamental 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 exponence.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP