

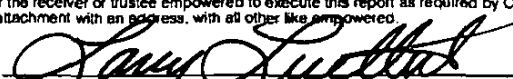


**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

66021040

<b>DOCUMENT # 442935</b> 1. Entity Name <b>PRESS PRINTING ENTERPRISES, INC.</b>				07-13-2007 90087 022 ***150.00	
Principal Place of Business 3601 HANSON STREET POST OFFICE BOX 220 FORT MYERS, FL 33916 US		Mailing Address 3601 HANSON STREET POST OFFICE BOX 220 FORT MYERS, FL 33902 US		66021040 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07102007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1498447	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LUETTICH, CARL 15018 BRIAR RIDGE CIR. FT. MYERS, FL 33912				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUETTICH, LARRY 13151 KINGS POINTE DR - UNIT 1A FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUETTICH, LARRY 2631 GOGGIN RD ALVA, FL 33930 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LUETTICH, CARL 15018 BRIAR RIDGE CIR. FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 all other like empowered.					
SIGNATURE: 		8/15/07 (239) 334-1234			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Deponent Phone #</small>			

ATTACHMENT 66021040  
#442935

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

Document Number 442935

Business Entity Name PRESS PRINTING ENTERPRISES, INC.

Original File Date 12/31/1973

FEI Number 59-1498447

Principal Address 3601 HANSON STREET  
POST OFFICE BOX 220  
FORT MYERS, FL 33916 US

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

Registered Agent LUETTICH, CARL  
15018 BRIAR RIDGE CIR.  
FT. MYERS, FL 33912 US

### Officer/Director Name And Address

P  
LUETTICH, LARRY  
13151 KINGS POINTE DR - UNIT 1A  
FT. MYERS, FL 33919

ST  
LUETTICH, CARL  
15018 BRIAR RIDGE CIR.  
FT. MYERS, FL 33912

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes