

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

02-18-2008 90007 011 ***158.75

DOCUMENT # 442935

1. Entity Name
PRESS PRINTING ENTERPRISES, INC.



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**

66006862



DO NOT WRITE IN THIS SPACE

02082008 No-Chg-P CR2E034 (11/05)

4. FEI Number
59-1498447

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

CARL LUETTICH

3/24/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LUETTICH, LARRY
2831 GOGGIN RD
ALVA, FL 33920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LUETTICH, CARL
15018 BRIAR RIDGE CIR.
FT. MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.