

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 654791

1. Entity Name
RESSEL, INC.



Principal Place of Business
11117 CINDY DRIVE
BROOKSVILLE, FL 34601

Mailing Address
11117 CINDY DRIVE
BROOKSVILLE, FL 34601



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2017646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RESSEL, JAMES P.
11117 CINDY DRIVE
BROOKSVILLE, FL 34601

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	RESSEL, CYNTHIA L
STREET ADDRESS	11117 CINDY DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	DP
NAME	RESSEL, JAMES P
STREET ADDRESS	11117 CINDY DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL
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 exemption stated in Section 119.07(3)(i), 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: Cynthia L. Ressel James P. Ressel 3/15/05 352-299-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #