

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # H22390

1. Entity Name
PRESSIE CORP.



Principal Place of Business

% WILLIAM B. WOOD
P.O. BOX 8041
COCOA, FL 32924-5041

Mailing Address

% WILLIAM B. WOOD
P.O. BOX 8041
COCOA, FL 32924-5041



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2451132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, WILLIAM B.
115 RUTH AVENUE
COCOA, FL

**DO NOT WRITE
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

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, 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	DP
NAME	WOOD, WILLIAM B.
STREET ADDRESS	115 RUTH AVE
CITY-ST-ZIP	COCOA, FL 32923
TITLE	DV
NAME	HUNT, JAMES R
STREET ADDRESS	1300 MULLETT LANE
CITY-ST-ZIP	COCOA, FL 32926
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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01/11/05-80051-005 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-05 321-632-6147