


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J91592</b> 1. Entity Name ALLPRESS EQUIPMENT, INC.	
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Principal Place of Business % JENNIE M. SCHOFIELD 4524 CURRY FORD ROAD, SUITE 533 ORLANDO, FL 32812	Mailing Address % JENNIE M. SCHOFIELD 4524 CURRY FORD ROAD, SUITE 533 ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2847283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOFIELD, JENNIE M.  
1732 SAINT TROPEZ CT.  
KISSIMMEE, FL 34744

**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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOFIELD, JENNIE M. 1732 SAINT TROPEZ COURT KISSIMMEE, FL 34744
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05/30/07-80062-006 150.00

**DO NOT WRITE  
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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: Jennie M. Schofield Jennie M. Schofield 05/17/07 407-348-2202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #