

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90070 026 \*\*\*150.00

**DOCUMENT # K04929**

1. Entity Name

PRESSLEY RANCH, INC.



Principal Place of Business

4505 BLUE CYPRESS LAKE RD.  
VERO BEACH, FL 32968

Mailing Address

PO BOX 690155  
VERO BEACH, FL 32969

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2862455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRESSLEY, GARY  
4505 BLUE CYPRESS LAKE RD.  
VERO BEACH, FL 32963

**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 SD  
NAME PRESSLEY, GARY L.  
STREET ADDRESS 4505 BLUE CYPRESS LK RD  
CITY-ST-ZIP VERO BEACH, FL

TITLE PD  
NAME PRESSLEY, MICHAEL H.  
STREET ADDRESS 4500 BLUE CYPRESS LK RD  
CITY-ST-ZIP VERO BEACH, FL

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

**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

Michael H. Pressley  
President

Date

4/29/05

Daytime Phone #

772-473-8639