2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K04929

1. Entity Name
PRESSLEY RANCH, INC.

Principal Place of Business	Mailing Address
4505 BLUE CYPRESS LAKE RD. VERO BEACH, FL 32968	PO BOX 690155 VERO BEACH, FL 32969

50024901

06272006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2862455	Not Applicable

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

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent

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

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 $550.00 **Due by September 6, 2006**	**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 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: _Michael H. Pressley_ Michael H. Pressley, Pres. 8-7-06 772-473-8639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #