

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010894

Entity Name: PRESSURE-TEK LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

210 DIXIE DR. SUITE E-2
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

210 DIXIE DR. SUITE E-2
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 51-0534256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, EMANUEL
210 DIXIE DR. SUITE E-2
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, EMANUEL
Address: 210 DIXIE DR. SUITE E-2
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM (X) Delete
Name: GOODSON, GEORGE
Address: 210 DIXIE DR. SUITE E-2
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM (X) Delete
Name: WILLIAMS, MENDES
Address: P.O. BOX 1277
City-St-Zip: QUINCY, FL 32304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EMANUEL J WILLIAMS

MRGM

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date