


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 033 ***150.00

DOCUMENT # L39229 1. Entity Name ALL PRESSURE SYSTEMS, INC.					
Principal Place of Business % PATRICK C. RAY 2505-B NORTH AIRPORT ROAD FT. MYERS, FL 33907			Mailing Address % PATRICK C. RAY 2505-B NORTH AIRPORT ROAD FT. MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		05152006 Chg-P		CR2E034 (11/05)	
		4. FEI Number 65-0159453		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAY, PATRICK C. 2505-B N. AIRPORT RD FT. MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, PATRICK C. 2505-B N. AIRPORT RD FT. MYERS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>PATRICK RAY</u>		Date <u>5-20-06</u> Daytime Phone # _____			

50019868



ATTACHMENT

50019868
#L39229

GOLDEN TREES LANDSCAPING, CORP.
18470 N.W. 22 STREET
PEMBROKE PINES, FL 33029

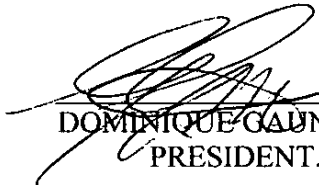
May 23, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX # 6327
TALLAHASSEE, FLORIDA 32314

DEAR MS. TINA D. CARTER:

IN ACORDDANCE WITH YOUR INSTRUCTIONS WE ARE MAILING HEREWITH
THE ANNUAL REPORT APPLICATION FORM DULLY SIGNED, AS WELL AS
OUR CHECK FOR \$ 150.00.

CORDIALLY UOURS,


DOMINIQUE GAUNTLETT
PRESIDENT.

c.c. file
(Enc.(5)