

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044363

Entity Name: JO'S NO PRESSURE, INC.

FILED  
May 10, 2005  
Secretary of State

**Current Principal Place of Business:**

202 VIA DEL SOL DRIVE  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8297 CHAMPIONSGATE BLVD #312  
CHAMPIONSGATE, FL 33896

**New Mailing Address:**

FEI Number: 36-4528863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSTON, DAVID T  
202 VIA DEL SOL DRIVE  
DAVENPORT, FL 33896 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: JOHNSTON, DAVID T  
Address: 8297 CHAMPIONSGATE BLVD #312  
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: DP ( ) Delete  
Name: STEPHEN O'NEAL, MICHAEL  
Address: 8297 CHAMPIONSGATE BLVD #312  
City-St-Zip: CHAMPIONSGATE, FL 33896

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP (X) Change ( ) Addition  
Name: JOHNSTON, BRUCETTA J  
Address: 8297 CHAMPIONSGATE BLVD #312  
City-St-Zip: CHAMPIONSGATE, FL 33896

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCETTA J. JOHNSTON

DP

05/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date