

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 8:00 am
Secretary of State**

01-24-2006 90032 038 ***150.00

DOCUMENT # P03000069043

1. Entity Name
PRESSURE ZONE, INC.



Principal Place of Business
**14048 WELLINGTON TRACE
WELLINGTON, FL 33414 US**

Mailing Address
**14048 WELLINGTON TRACE
WELLINGTON, FL 33414 US**

66002823



01092006 No Chg-P CR2E034 (11/05)

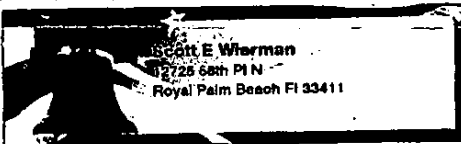
DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3695071

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent



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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 Scott E. Wierman Pres. 1/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WIERMAN, SCOTT E
STREET ADDRESS	14048 WELLINGTON TRACE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	
NAME	Scott E Wierman
STREET ADDRESS	12726 58th Pl N
CITY-ST-ZIP	Royal Palm Beach Fl 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary
NAME	PAMELA S. YOUNG
STREET ADDRESS	1986 S. CLUB DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
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 fees empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/06 (SW) 856-0589
Date Daytime Phone #



ATTACHMENT

66002829

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

PRESSURE ZONE, INC.
~~14048 WELLINGTON TRACE~~
~~WELLINGTON, FL 33414 US~~

12715 58 Pl. No.
WPB., 7/ 33411

Subject: PRESSURE ZONE, INC.

Reference Number:

P03000069043

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION