FILED May 26, 2004 8:00 am Secretary of State 05-03-2004 90685 001 ***150.00

5/3/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000092539 1. Entity Name THE PRESSURE'S OFF, INC.									05-0	13-2004 90	683 UU)1 ***150.0	
Principal Plac	e of Busines	\$		1									
Principal Place of Business Mailing Address 4715 PURITAN CR 1719 LAKE HERON DR								1					
TAMPA, FL 33617 LUTZ, FL 33549									C C	424224	1		
	à.							1 100111001 311	Y V V 14 arel inili ara cent		2 Eties bijn is	RIJ en II reni	
2. Principal P	lace of Busin	ness	3. Mailing Address										
Suita, Apt. #, etc.				Suite, Apt. #, etc.				04192004	Chg-P	CR2E034	(10/03)		
City & State				City & State				4. FEI Numbe	08084	84		oplied For of Applicable	
Žip	- Country			Zip Coun			5. Certificate of Status Desired See Required				ditional		
-	5. Name	and Address of Cur	rent Regis	tered Agent	Name		7. Name and	Address of New					
SEELEY, CATHERINE										:			
4715 PURITAN CR						Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33617													
; 						City			·		~ .		
6 The shows						′				F <u>L</u>	Zip Cod	-	
the obligat	riamed entit tions of regist	y submits inis stateme lered agent.	ent for the p	ourpose of changing its	register	ed office o	register	ed agent, or bot	h, in the State of F	lorida. I am tarr	nliar with,	and accept	
SIGNATI IDE													
SIGNATURE Signature, speed or printed noise of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOWIL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS A	AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND DI	RECTOR	S IN 11	
TITLE NAME	SEELEN OATHERINE					Ε			··		Change	Addition	
STREET ADDRESS	4715 PURITAN CR					E Et adoress							
CITY-ST-ZIP	7.1.75					-ST-21P							
TITLE	1			☐ Delete	înu	E .	VI	CE - 7	RESIDE	NT	Change	Addition	
NAME STREET ACCRESS	ļ				NAM		:	LAUR	423181	ANTA	MA	Y	
CITY-ST-ZIP	'				1	ET ADDRESS -ST-71P	1:4	19 6	FRE	1729	NO	OB	
TITLE	1			☐ Delete	TITLE		-) T &	FL	335	19	Addition	
NAME					HAM				•		7 CHRISTS	☐ Vocation	
STREET ADDRESS CITY-ST-ZIP						ET ACORESS						{	
TITLE	 				-	·ST-ZIP				· · ·	1		
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STREET ADDRESS	1				STRE	et address						}	
CITY-ST-ZIP	 -				CITY-	-SI-ZP			· · · · · · ·				
TITLE NAME				☐ Detete	TITLE						Change	☐ Addition	
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CITY-ST-ZBP	ļ	*	· 			-ST-20P						ŀ	
TIFLE				☐ Delete	THILE						Change	Addition	
NAME STREET ADDRESS					NAM	E et address						ł	
CITY-ST-ZIP						-ST-ZIP							
12. I hereby cartily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily 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 cath; 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 attaghment with an address, with all other like empowered.													
	SIGNATURE: CATTORIO ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON												