

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000092539

Entity Name: THE PRESSURE'S OFF, INC.

**FILED**  
**May 18, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

4529 MARCHMONT BLVD  
LAND O LAKES, FL 34638

## **New Principal Place of Business:**

3269 GULF WINDS CIRCLE  
HERNANDO BEACH, FL 34607

## **Current Mailing Address:**

4529 MARCHMONT BLVD  
LAND O LAKES, FL 34638

## **New Mailing Address:**

3269 GULF WINDS CIRCLE  
HERNANDO BEACH, FL 34607

FEI Number: 01-0808484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTANA, LAURIE  
4529 MARCHMONT BLVD  
LAND O LAKES, FL 34638 US

## **Name and Address of New Registered Agent:**

SANTANA, LAURIE  
3269 GULF WINDS CIRCLE  
HERNANDO BEACH, FL 34607 US

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: LAURIE SANTANA

05/18/2009

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: P ( ) Delete  
Name: SANTANA, LAURIE  
Address: 4529 MARCHMONT BLVD  
City-St-Zip: LAND O LAKES, FL 34638

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

Title: P (X) Change ( ) Addition  
Name: SANTANA, LAURIE  
Address: 3269 GULF WINDS CIRCLE  
City-St-Zip: HERNANDO BEACH, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURIE SANTANA

PRES

05/18/2009

Electronic Signature of Signing Officer or Director

Date