

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

04-25-2005 90234 005 ***150.00

DOCUMENT # P04000145777

1. Entity Name
ABSOLUTE PRESSURE, INC.



Principal Place of Business
**1633 PERIWINKLE WAY
A
SANIBEL FL 33957**

Mailing Address
**P.O. BOX 23
SANIBEL FL 33957**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

1st MOORE CR2E034 (10/04)

4. FEI Number
59-2448184

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**MURTY, TIMOTHY J ESQ.
1633 PERIWINKLE WAY
A
SANIBEL FL 33957**

7. Name and Address of New Registered Agent
Name
Brian Picco
Street Address (P.O. Box Number is Not Acceptable)
3977 Coquina
City
Sanibel FL Zip Code
33957

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 DATE **4-15-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	P PICCO, BRIAN C P.O. BOX 23 SANIBEL FL 33957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICCO, BRIAN C P.O. BOX 23 SANIBEL FL 33957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: DATE **4/18/05** (219) 281-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR