2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138767

1. Entity Name
PRESSWOOD HOME CHILD CARE, INC.

Principal Place of Business	Mailing Address
5721 W. BANGKOK LANE DUNNELLON, FL 34433	5721 W. BANGKOK LANE DUNNELLON, FL 34433

DO NOT WRITE IN THIS SPACE

04102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3529713	Not Applicable

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

6. Name and Address of Current Registered Agent

PRESSWOOD, TRESIA
5721 W. BANGKOK LANE
DUNNELLON, FL 34433

DO NOT WRITE 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 _____

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

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	PRESSWOOD, TRESIA
STREET ADDRESS	5721 W. BANGKOK LANE
CITY-ST-ZIP	DUNNELLON, FL 34433

TITLE	VD
NAME	PRESSWOOD, WILLIAM
STREET ADDRESS	5721 W. BANGKOK LANE
CITY-ST-ZIP	DUNNELLON, FL 34433

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000700097
04/20/07-80004-005 150.00

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 like empowered.

SIGNATURE: *Tresia Presswood, Pres.*   Tresia Presswood   Pres.   4/9/07   352-465-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #