## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000011074

PIZZUTO, SAMUEL

13800 HICKORY RUN LANE

FORT MYERS, FL 33912 US

Name:

Address: City-St-Zip:

Entity Name: PRESTRESS SYSTEMS OF FLORIDA, INC.

FILED Mar 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16651 OLD US 41 FT MYERS, FL 33912 US **Current Mailing Address: New Mailing Address:** 16603 OLD US 41 16651 OLD US 41 FT MYERS, FL 33912 US FT MYERS, FL 33912 US FEI Number: 65-0375191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSTON, THEODORE PIZZUTO, SAMUEL J PD 16651 OLD US 41 16603 OLD ÚS 41 FT MYERS, FL 33912 US FT MYERS, FL 33912 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: SAMUEL J PIZZUTO 03/07/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition JOHNSTON, THEODORE Name: Name: 1203 WALDEN DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33901 US City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition VAN HOOK, JAY Name: Name: 6701 MEDLAR DR Address: Address: NEW PORT RICHEY, FL 34653 US City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition GEIST, TRISH J. Name: Name: 5317 CHIPPENDALE CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition MORGAN, DÈNNIS Name: Name: Address: 18330 TELEGRAPG CREEK LANE Address: City-St-Zip: ALVA, FL 33920 US City-St-Zip: Title: VD Title: () Delete PD (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

PIZZUTO, SAMUEL

13800 HICKORY RUN LANE

FORT MYERS, FL 33912 US

SIGNATURE: TRISH J. GEIST STD 03/07/2005