# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2007**
**Secretary of State**

DOCUMENT# P92000011074

**Entity Name:** PRESTRESS SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

16651 OLD US 41
FT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

16651 OLD US 41
FT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number: 65-0375191** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PIZZUTO, SAMUEL J PD
16651 OLD US 41
FT MYERS, FL 33912 US

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

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: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete
Name: VAN HOOK, JAY
Address: 6701 MEDLAR DR
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: STD ( ) Delete
Name: GEIST, TRISH J
Address: 5317 CHIPPENDALE CIRCLE E.
City-St-Zip: FORT MYERS, FL 33919 US

Title: VD ( ) Delete
Name: MORGAN, DENNIS D
Address: 18330 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33920 US

Title: PD ( ) Delete
Name: PIZZUTO, SAMUEL J
Address: 13800 HICKORY RUN LANE
City-St-Zip: FORT MYERS, FL 33912 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRISH J. GEIST STD 01/26/2007
Electronic Signature of Signing Officer or Director Date