

550

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000010619

1. Entity Name

PRESSON PERSPECTIVES, INC.



Principal Place of Business

600 DRUID ROAD EAST  
CLEARWATER, FL 34616

Mailing Address

600 DRUID ROAD EAST  
CLEARWATER, FL 34616

FILED

05 JUL 27 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3266302

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PRESSON, GINA D  
600 DRUID ROAD EAST  
CLEARWATER, FL 34616DO 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 \$550.00**  
**Due by September 7, 2005**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMMESFAHR, GINA D PRESSON
STREET ADDRESS	600 DRUID ROAD EAST
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

200058536582  
08/12/05--01055--012 \*\*1787.50DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #