


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009138**

1. Entity Name  
**HOTSY-PRESSURE SYSTEMS, INC.**



Principal Place of Business      Mailing Address

**12665 METRO PKWY  
FT. MYERS, FL 33912**      **12665 METRO PKWY  
FT. MYERS, FL 33912**

**DO NOT WRITE IN THIS SPACE**



03022006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0817980**      Not Applicable

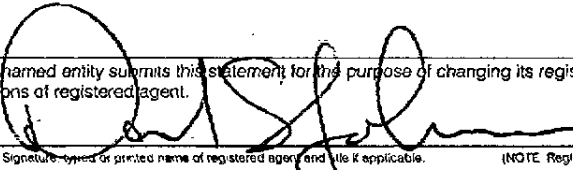
5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DAVID S  
338 CLOVER LEAF RD.  
LAKE PLACID, FL 33852**

**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:       DATE: **3-2-06**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

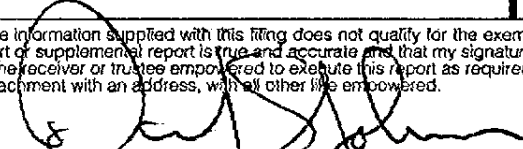
10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	JOHNSON, DAVID S
STREET ADDRESS	338 CLOVER LEAF RD.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VPS
NAME	JOHNSON, SHARON L
STREET ADDRESS	338 CLOVER LEAF RD.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000458217  
03/17/06-80031-024 150.00

**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:       DATE: **3-2-06**      Daytime Phone #: **239-768-3363**

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