

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90091 027 ***150.00

DOCUMENT # P98000009138

1. Entity Name
HOTSY-PRESSURE SYSTEMS, INC.




Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE

10000000



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0817980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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	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	SEC
NAME	BENJAMIN JOHNSON
STREET ADDRESS	5027 S.W. COURTYARD CT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **DAVID S. JOHNSON** **239-768-3363**

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