

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000009138



1. Entity Name
 HOTSY-PRESSURE SYSTEMS, INC.

Principal Place of Business
 12665 METRO PKWY
 FT. MYERS, FL 33912

Mailing Address
 12665 METRO PKWY
 FT. MYERS, FL 33912



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT JOHNSON, DAVID S 338 CLOVER LEAF RD. LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS JOHNSON, SHARON L 338 CLOVER LEAF RD. LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC JOHNSON, BENJAMIN 5027 SW COURTYARD CT CAPE CORAL, FL 33914 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/08/08-80045-025 150.00

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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 any other like empowered.

SIGNATURE: _____ (Signature) _____ (Date) _____ (Daytime Phone #)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR