


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90281 020 ***150.00

DOCUMENT # P98000060213 1. Entity Name TRESSEL BOOKKEEPING AND SECRETARIAL SERVICES, INC.					
Principal Place of Business 5326 DARBY CT. CAPE CORAL, FL 33904			Mailing Address 5326 DARBY CT. CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address C/O L+M Accounting			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2804 DEL PRADO BLVD. #209			
City & State 		City & State CAPE CORAL FL			
Zip 	Country 	Zip 33904	Country USA	4. FEI Number 65-0860962	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRESSEL, CHRISTA M 5326 DARBY CT CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name TRESSEL, CHRISTA-M. Street Address (P.O. Box Number is Not Acceptable) 908 SE 34 STREET City CAPE CORAL FL Zip Code 33904		
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 <u><i>Christa M. Tressel</i></u> 02-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRESSEL, CHRISTA 5326 DARBY COURT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESSEL, CHRISTA 908 SE 34 STREET CAPE CORAL, FL, 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Christa M. Tressel</i></u> Christa M. TRESSEL			Date <u>02-15-05</u> Daytime Phone # <u>239-994-7692</u>		