

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90071 023 \*\*\*150.00

**20008104**



<b>DOCUMENT # P98000060213</b> 1. Entity Name <b>TRESSEL BOOKKEEPING AND SECRETARIAL SERVICES, INC.</b>					
Principal Place of Business <b>5326 DARBY CT. CAPE CORAL, FL 33904 US</b>			Mailing Address <b>C/O L &amp; M ACCOUNTING 2804 DEL PRADO BLVD #209 CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5620 SW 1st Ct</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Cape Coral, FL</b>		City & State		4. FEI Number <b>65-0860962</b>	
Zip <b>33914</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRESSEL, CHRISTA M 908 SE 34 ST CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>Christa M. Tressel</b> Street Address (P.O. Box Number is Not Acceptable) <b>5620 SW 1st Ct.</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33914</b>		
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><b>Christa M. Tressel</b></u> <span style="float: right;">DATE <b>01-23-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TRESSEL, CHRISTA 908 SE 34 ST CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Christa Tressel 5620 SW 1st Ct. Cape Coral, FL 33914	<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			
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 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: <u><b>Christa M. Tressel</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					