

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2004 08:00 AM  
Secretary of State

DOCUMENT # V57266

1. Entity Name

PRESSCONTROL, INC.



Principal Place of Business

% 5824 BEE RIDGE ROAD, SUITE 241  
SARASOTA FL 34233  
US

Mailing Address

% 5824 BEE RIDGE ROAD, SUITE 241  
SARASOTA FL 34233  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3157548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, JEANNE  
1949 ROLLING GREEN CIRCLE  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Jeanne C. Bishop*

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, JEANNE	
STREET ADDRESS	1949 ROLLING GREEN CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34240	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BISHOP, PHOEBE	
STREET ADDRESS	1949 ROLLING GREEN CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34240	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BARKER, STEPHEN	
STREET ADDRESS	1949 ROLLING GREEN CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34240	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jeanne C. Bishop*

Jeanne C Bishop

2/6/04 941-371-8992