

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006354

FILED  
Feb 07, 2006  
Secretary of State

Entity Name: PRECISE FORMS, INC.

## Current Principal Place of Business:

3130 WHEELING  
KANSAS CITY, MO 64179

## New Principal Place of Business:

201 N. SPRUCE  
BATES CITY, MO 64011

## Current Mailing Address:

3130 WHEELING  
KANSAS CITY, MO 64179

## New Mailing Address:

201 N. SPRUCE  
BATES CITY, MO 64011

FEI Number: 43-0904650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TRIMMER, DOUGLAS E  
Address: 40400 DORIS NEER DR.  
City-St-Zip: OAK GROVE, MO 64075

Title: DV ( ) Delete  
Name: WILKES, DAVID A  
Address: 10755 LARSEN  
City-St-Zip: OVERLAND PARK, KS 66210

Title: S ( ) Delete  
Name: CARTY, JAMES A  
Address: 333 SE WILLIAMSBURG DR.  
City-St-Zip: LEE'S SUMMIT, MO 64063

Title: T ( ) Delete  
Name: TRIMMER, CRAIG W  
Address: 3906 SW SCHERER RD  
City-St-Zip: LEE'S SUMMIT, MO 64063

Title: D ( ) Delete  
Name: TRIMMER, B. EARLINE  
Address: 9618 MAYWOOD  
City-St-Zip: KANSAS CITY, MO 64134

Title: D ( ) Delete  
Name: WILKES, DAVID A  
Address: 10755 LARSEN  
City-St-Zip: OVERLAND PARK, KS 66210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. WILKES

D

02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date