


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006354

1. Entity Name
PRECISE FORMS, INC.



FILED
07 NOV -8 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
201 N. SPRUCE 201 N. SPRUCE
BATES CITY, MO 64011 BATES CITY, MO 64011

[Handwritten Signature]



REINSTATEMENT 2007

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
43-0904650 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRIMMER, DOUGLAS E	
STREET ADDRESS	40400 DORIS NEER RD.	
CITY-ST-ZIP	OAK GROVE, MO 64075	
TITLE	PD V	<input type="checkbox"/> Delete
NAME	WILKES, DAVID A	
STREET ADDRESS	10755 LARSEN	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTY, JAMES A	
STREET ADDRESS	333 SE WILLIAMSBURG DR.	
CITY-ST-ZIP	LEE'S SUMMIT, MO 64063	
TITLE	T D	<input type="checkbox"/> Delete
NAME	TRIMMER, CRAIG W	
STREET ADDRESS	3906 SW SCHERER RD	
CITY-ST-ZIP	LEE'S SUMMIT, MO 64063	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIMMER, B. EARLINE	
STREET ADDRESS	9618 MAYWOOD	
CITY-ST-ZIP	KANSAS CITY, MO 64134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKES, DAVID A	
STREET ADDRESS	10755 LARSEN	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trimmer, James E.	
STREET ADDRESS	9618 Maywood	
CITY-ST-ZIP	Kansas City, MO 64134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carty, Lindy L.	
STREET ADDRESS	4341 NE Maplegate Drive	
CITY-ST-ZIP	Lee's Summit, MO 64064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilkes, Cheryl	
STREET ADDRESS	10755 Larsen	
CITY-ST-ZIP	Overland Park, KS 66210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trimmer, Jeffrey M.	
STREET ADDRESS	1508 SE Abby	
CITY-ST-ZIP	Blue Springs, MO 64014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300112129833	
STREET ADDRESS	11/08/07--01053--016 **150.00	
CITY-ST-ZIP		

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: *[Signature]* **Doug Trimmer** **10/31/07** **816-690-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #