

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90063 019 \*\*\*150.00

**DOCUMENT # F03000006354**

1. Entity Name  
**PRECISE FORMS, INC.**



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

Mailing Address  
**201 N. SPRUCE  
BATES CITY, MO 64011**

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

03182008

Chg-P

CR2E034 (12/06)

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 May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TRIMMER, DOUGLAS E  
STREET ADDRESS 40400 DORIS NEER RD.  
CITY-ST-ZIP OAK GROVE, MO 64075

TITLE V ☐ Delete  
NAME WILKES, DAVID A  
STREET ADDRESS 10755 LARSEN  
CITY-ST-ZIP OVERLAND PARK, KS 66210

TITLE S ☐ Delete  
NAME CARTY, JAMES A  
STREET ADDRESS 333 SE WILLIAMSBURG DR.  
CITY-ST-ZIP LEE'S SUMMIT, MO 64063

TITLE TD ☐ Delete  
NAME TRIMMER, CRAIG W  
STREET ADDRESS 3906 SW SCHERER RD  
CITY-ST-ZIP LEE'S SUMMIT, MO 64063

TITLE D ☐ Delete  
NAME TRIMMER, B. EARLINE  
STREET ADDRESS 9618 MAYWOOD  
CITY-ST-ZIP KANSAS CITY, MO 64134

TITLE D ☐ Delete  
NAME TRIMMER, JAMES E  
STREET ADDRESS 9618 MAYWOOD  
CITY-ST-ZIP KANSAS CITY, MO 64134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/08**  
Date

Daytime Phone #