

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 025 ***158.75

DOCUMENT # H61813

1. Entity Name
PRECISION ENTERPRISES, INC.



Principal Place of Business
**505 CANAVERAL GROVES BLVD.
COCOA, FL 32926**

Mailing Address
**505 CANAVERAL GROVES BLVD.
COCOA, FL 32926**

50008776



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3139462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHYE, ANDRE J
505 CANAVERAL GROVES BLVD.
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name **JASON SHYE**

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

505 CANAVERAL GROVES BLVD

City **COCOA**

FL

Zip Code **32926**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GRAY, RUSSEL**
STREET ADDRESS **505 CANAVERAL GROVES BLVD.**
CITY-ST-ZIP **COCOA, FL**

TITLE **VP** ☐ Delete
NAME **SHYE, JASON**
STREET ADDRESS **505 CANAVERAL GROVES BL.**
CITY-ST-ZIP **COCOA, FL**

TITLE **VP** ☐ Delete
NAME **GRAY, TODD**
STREET ADDRESS **505 CANAVERAL GROVES BLVD.**
CITY-ST-ZIP **COCOA, FL**

TITLE **S** ☒ Delete
NAME **SHYE, ANDRE J**
STREET ADDRESS **505 CANAVERAL GROVES BLVD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE **VP** ☐ Delete
NAME **ROBERT, KELLY W**
STREET ADDRESS **505 CANAVERAL GROVES BLVD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY - TREASURER** ☒ Change ☐ Addition
NAME **JASON SHYE**
STREET ADDRESS **505 CANAVERAL GROVES BLVD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Robert Kelly**
STREET ADDRESS **505 CANAVERAL GROVES BLVD**
CITY-ST-ZIP **COCOA FL 32926**

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 exemption stated in Section 119.07(3)(i), 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

Jason Shye

Date

Daytime Phone #

1/27/05 321 635 2000