

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90062 003 ***150.00

40020749

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L37364**
1. Entity Name
Precision Paper Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5260 Eagle TR DR.
Suite, Apt. #, etc.
#200

3. Mailing Address
5260 Eagle TRAIL DR.
Suite, Apt. #, etc.
#200

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33634 Country
US

Zip
33634 Country
US

4. FEI Number
59-2984912

Applied For
No: Applicable

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

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7. Name and Address of Current Registered Agent

Name
LETANG, DARREN

Street Address (P.O. Box Number is Not Acceptable)
5260 Eagle TRAIL DR

SUITE #200

City
TAMPA FL Zip Code
33634

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.

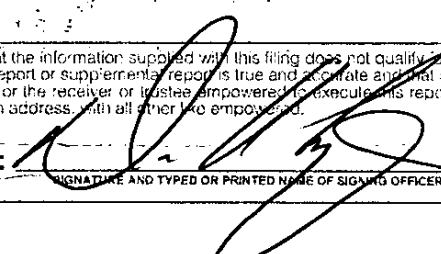
SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when certifying)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LETANG, DARREN #200 5260 EAGLE TRAIL DR TAMPA FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ANDERSON, ROBERT 1201 TROWBRIDGE DR. BLOOMFIELD HILLS, MI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address with all other full-time employees.

SIGNATURE:  DATE: **2/14/05** DAYTIME PHONE: **813 286 4767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)