

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87819

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: PRECISION APPROACH, INC.

**Current Principal Place of Business:**

290 S. S.R. 434  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

7630 KINGS PASSAGE AVE.  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 59-3018268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HIGH, SHERRY  
7630 KINGS PASSAGE AVE  
ORLANDO, FL 32835 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: PSTC ( ) Delete  
Name: HIGH, SHERRY,  
Address: 7630 KINGS PASSAGE AVE  
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete  
Name: HIGH, WALTER C.,  
Address: 7630 KINGS PASSAGE AVE  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: PEARCE, MIKE,  
Address: 9895 WINDWARD SLOPES DRIVE  
City-St-Zip: LAKE LAND, TN 38002

Title: D ( ) Delete  
Name: STARCKE, ELIZABETH K  
Address: RO 625, 444 BRICKELL AVE STE 51  
City-St-Zip: MIAMI, FL 331312492

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PEARCE, MIKE,  
Address: 9895 WINDWARD SLOPES DRIVE  
City-St-Zip: LAKE LAND, TN 38002 US

Title: D (X) Change ( ) Addition  
Name: STARCKE, ELIZABETH K  
Address: PO BOX 326  
City-St-Zip: LEEDS, AL 35094

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRY HIGH

Electronic Signature of Signing Officer or Director

PSTC

01/25/2005

\_\_\_\_\_ Date