

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 031 ***150.00

DOCUMENT # P96000074502

1. Entity Name
PRECISION REAL PROPERTY, INC.



Principal Place of Business
5260 EAGLE TRAIL DRIVE
SUITE 200
TAMPA, FL 33614

Mailing Address
5260 EAGLE TRAIL DRIVE
SUITE 200
TAMPA, FL 33614

44050369



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3402825

Applied For
 Not Applicable

Zip
33634

Country

Zip
33634

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETANG, DARREN A
5260 EAGLE TRAIL ROAD Dr. #200
TAMPA, FL 33614 33634

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **ANDERSON, ROBERT R**
 STREET ADDRESS **1201 TROWBRIDGE**
 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ANDERSON, CHRISTINE M**
 STREET ADDRESS **1201 TROWBRIDGE**
 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LETANG, DARREN**
 STREET ADDRESS **5260 EAGLE TRAIL DRIVE #200**
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE Change Addition
 NAME **Letang, Darren**
 STREET ADDRESS **5260 Eagle Trail Dr. #200**
 CITY-ST-ZIP **Tampa, FL 33634**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

7/7/04