


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P96000074502

1. Entity Name
 PRECISION REAL PROPERTY, INC.



Principal Place of Business
 5260 EAGLE TRAIL DRIVE
 SUITE 200
 TAMPA, FL 33634

Mailing Address
 5260 EAGLE TRAIL DRIVE
 SUITE 200
 TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3402825

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LETANG, DARREN A
 5260 EAGLE TRAIL DR
 # 200
 TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	ANDERSON, ROBERT R
STREET ADDRESS	1148 ROEHESER RD
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	ANDERSON, CHRISTINE M
STREET ADDRESS	1148 ROEHESER RD
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	LETANG, DARREN
STREET ADDRESS	5260 EAGLE TRAIL DR # 200
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000874943
 04/11/08-80012-022 150.00

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 those empowered.

SIGNATURE: _____ Date: 3/28/08 813-286-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #