


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000047687**  
 1. Entity Name  
**ASCENT PRECISION GEAR CORPORATION**



Principal Place of Business      Mailing Address  
 11716 102ND TERR.      P.O. BOX 1504  
 LIVE OAK, FL 32060      LIVE OAK, FL 32064

**DO NOT WRITE IN THIS SPACE**



01102007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3580642**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 MURRAY, CHARLES E  
 11716 102ND TERR.  
 LIVE OAK, FL 32060

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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, 2007 Fee will be \$350.00**

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

000000596955  
 01/24/07-80017-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MURRAY, CHARLES E
STREET ADDRESS	P.O. BOX 1504 N/A
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	P
NAME	MURRAY, DEBRA J
STREET ADDRESS	P.O. BOX 1504 N/A
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:** Debra J. Murray    Debra J Murray    1-10-07    386-364-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #