

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P01000122025	
1. Entity Name PRECISION MAPPING & RESEARCH, INC.	



Principal Place of Business POST OFFICE BOX 22322 WEST PALM BEACH, FL 33422	Mailing Address POST OFFICE BOX 22322 WEST PALM BEACH, FL 33422
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0000917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KING, MATTHEW 13254 73 ST N WEST PALM BEACH, FL 33412	

7. Name and Address of New Registered Agent	
Name DAVID G. RANDER	
Street Address (P O. Box Number is Not Acceptable)	
87 AKRON ROAD	
City LAKE WORTH	FL Zip Code 33467

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 <i>DAVID RANDER</i>	DATE 03/31/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, KERRY
STREET ADDRESS	POST OFFICE BOX 223322
CITY - ST - ZIP	WEST PALM BEACH, FL 33422
TITLE	<input type="checkbox"/> Delete
NAME	RANDER, DAVID G
STREET ADDRESS	POST OFFICE BOX 223322
CITY - ST - ZIP	WEST PALM BEACH, FL 33422
TITLE	<input checked="" type="checkbox"/> Delete
NAME	KING, MATTHEW A
STREET ADDRESS	POST OFFICE BOX 223322
CITY - ST - ZIP	WEST PALM BEACH, FL 33422
TITLE	<input checked="" type="checkbox"/> Delete
NAME	GEEKY, JERRY
STREET ADDRESS	PO BOX 22322
CITY - ST - ZIP	WEST PALM BEACH, FL 33422
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 life empowered.	
SIGNATURE: <i>DAVID RANDER</i>	DATE: 03/31/05 (561) 436-4763