

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 258647

1. Entity Name
PRECISION MOLD & TOOL INC



Principal Place of Business
**2780 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741**

Mailing Address
**2780 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0970675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**Longbrake, Jerry J.
2780 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	Longbrake, Jerry L.
STREET ADDRESS	2780 N. JOHN YOUNG PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	SD
NAME	Longbrake, Mark E.
STREET ADDRESS	2780 N. JOHN YOUNG PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	PD
NAME	Longbrake, Joe W.
STREET ADDRESS	2780 N. JOHN YOUNG PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	Longbrake, Carole Ann
STREET ADDRESS	2780 N. JOHN YOUNG PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	Longbrake, Cinda R.
STREET ADDRESS	2780 N. JOHN YOUNG PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/06-80014-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joe W. Longbrake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #