

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 014 ***150.00

DOCUMENT # 282185

1. Entity Name

PRECISION CRANKSHAFT SERVICE INCORPORATED



Principal Place of Business

466 LIME STREET
JACKSONVILLE FL 32204

Mailing Address

466 LIME STREET
JACKSONVILLE FL 32204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1053168

Applied For

Not Applicable

Zip

Country

Zip

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

CROOK, BARI L.
11067 RIVER CREEK DR W
JACKSONVILLE FL 32217

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

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CROOK, BARI L
STREET ADDRESS 11067 RIVER CREEK DR W
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CROOK, CHRISTOPHER A
STREET ADDRESS 7056 GREENFERN LN
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☒ Change ☐ Addition
NAME Crook, Christopher A
STREET ADDRESS 1972 Creekview Ct
CITY-ST-ZIP Jacksonville, FL 32225

TITLE STD ☐ Delete
NAME CROOK, ROBENA H
STREET ADDRESS 10961 CHALLÉUX DR. SOUTH
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Robena H. Crook

Robena H. Crook

4-11-08

(904) 354-1359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #