FILED

ANNUAL REPORT					Feb 20, 2006 08:00 All Secretary of State			
,	MENT # 299004			Secre	tary or	State		
1. Entity Nam ESCOTR	ONICS PRECISION COMPON	ENTS, INC.						
Principal Plac	ce of Business N	lailing Address	·					
203 CATTLE P.O.BOX 18 SARASOTA,	87	203 Cattlemen Road P.O.BOX 1887 Sarasota, FL 34230		\$ 4 50 77 6 (3518	18338 18155 88135 88 115 85 85		818 (4 8 (8)(884)) 388)	
		TO COMPANIES OF A SEC						
DO NOT WRITE IN THIS SPACE				02172006	Na Chg-P	CR2E034 (1	1/05)	
DO NOT VINITE IN THIS SPACE				4. FEI Number 59-1115			Applied For Not Applicab	
				5. Certificate o	of Status Desired	□ \$8.7	5 Additionat equired	
	6. Name and Address of Current Regit		T	· · ·		1081	equired	
JOTTERAND, ROLAND P 203 CATTLEMEN RD.				DO	NOT W	RITE		
SARASOTA, FL 34232			IN THIS SPACE					
.					*.			
the obligate	named entity submits this statement for the tions of registered agent.				I, In the State of Flo		r wiin, and accep	
	Signature, typed or printed name of registered egent and title	if applicable (NOTE, Registere	d Agent signature required	when reinstating)		DATE	 	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees				
10.	OFFICERS AND DIRE	CTORS [1					
TITLE NAME	JOTTERAND, ROLAND P							
STREET ADDRESS	203 CATTLEMEN RD.				Ξ-			
CITY-ST-ZIP	SARASOTA, FL 34232	4 - 4	1	• - :				
TITLE	VD	· · · · · · · · · · · · · · · · · · ·	1		13/11/76-	1439055		
NAME	JOTTERAND, ODETTE M		1		=03/01/06-	-20031-DI:	3 150.00	
STREET ADDRESS CITY-ST-ZIP	203 CATTLEMEN RD. SARASOTA, FL 34232							
TITLE	GAIGAGOTA, 1 C 54232		1					
NAME			}	-				
STREET ADDRESS				DO	W TON	DITE		
CITY-ST-ZIP			ļ					
DILE				IN T	HIS SP	ACE		
NAME STREET AODRESS								
City-St-Zip								
I)ILE			- 7€				•	
HAME			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
STREET ADDRESS			•		•			
City-St-ZIP			1	•	·			

12. I hereby certify that the information supplied with this filling 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 of 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 up in an address, with all other filter appeared.

SIGNATURE:

TITLE NAME STREET ADDRESS

ACCOUNT TO THE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #