

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90403 001 \*\*\*450.00

<b>DOCUMENT # 409340</b> 1. Entity Name <b>PRECISION RIGGING &amp; CONTRACTING COMPANY</b>					
Principal Place of Business <b>4921 KNOX STREET P O BOX 15305 TAMPA, FL 33684</b>			Mailing Address <b>4921 KNOX STREET P O BOX 15305 TAMPA, FL 33684</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1429558</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWEET, RICHARD T. 4915 KNOX STREET TAMPA, FL 33614</b>			Name <b>Allyn B. Sweet</b> Street Address (P.O. Box Number is Not Acceptable) <b>4915 W. Knox St.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33634</b>		
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 <u><i>[Signature]</i></u> <b>Allyn B. Sweet Pres.</b> <b>4/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SWEET, RICHARD T 4915 KNOX ST TAMPA, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Treasurer Allyn B. Sweet 4915 W. Knox St. Tampa, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SWEET, THOMAS E 4915 W. KNOX ST. TAMPA, FL 33634</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P., Secretary Thomas E. Sweet 4915 W. Knox ST Tampa, FL 33634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <b>Allyn B. Sweet</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/5/05</b> <b>813-886-3553</b> <small>Date Daytime Phone #</small>		

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02172005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1429558** Applied For ☐ Not Applicable ☐

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

*[Signature]*

*[Signature]* **Allyn B. Sweet Pres.**

**4/5/05**

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *[Signature]* **Allyn B. Sweet**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/05** **813-886-3553**  
Date Daytime Phone #