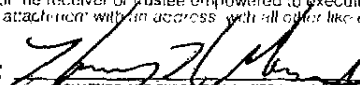


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 697529 1. Entity Name PRECISION BUSINESS SYSTEMS, INC.			
Principal Place of Business 1551 KENWOOD AVE SW WINTER HAVEN, FL 33880		Mailing Address 1551 KENWOOD AVE SW WINTER HAVEN, FL 33880	
DO NOT WRITE IN THIS SPACE			
		01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2110577	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREIVES, HARRY H 1551 KENWOOD AVENUE, SW WINTER HAVEN, FL 33880		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's signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000277412 03/26/05-80028-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GREIVES, HARRY H 1551 KENWOOD AVENUE SW WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREIVES, MARIAN B "D" 1551 KENWOOD AVENUE WINTER HAVEN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(f), 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:  HARRY H GREIVES, Sr		Date 3-23-05	Daytime Phone # 863-293-3544