

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 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



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2110577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Marian B. Greives

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

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

4-20-06

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 PT
NAME GREIVES, HARRY H
STREET ADDRESS 1551 KENWOOD AVENUE SW
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VS
NAME GREIVES, MARIAN B. "D"
STREET ADDRESS 1551 KENWOOD AVENUE
CITY-ST-ZIP WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000539407
05/09/06-80096-023 150.00

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

SIGNATURE:

Marian B. Greives

MARIAN B. GREIVES

4-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #