


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005930</b> 1. Entity Name PRECISION HOMES & APPLE VALLEY CARGO, INC.	
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Principal Place of Business 305 EAST 3RD STREET OCILLA, GA 31774	Mailing Address 305 EAST 3RD STREET OCILLA, GA 31774
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2641180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 Dale W. Morris **DALE W. MORRIS** **ASSISTANT VICE PRESIDENT** 1-27-04  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

U00000040075  
02/09/04-80032-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILLIAMS, JACKIE 305 EAST THIRD STREET OCILLA, GA 31774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, PAT 305 EAST THIRD STREET OCILLA, GA 31774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITFIELD, GREG 305 EAST THIRD STREET OCILLA, GA 31774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, KENNY 305 EAST THIRD STREET OCILLA, GA 31774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, JOEL 305 EAST THIRD STREET OCILLA, GA 31774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature] 2-3-04 229-468-5717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #