


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000002509</b>	
1. Entity Name PRECISION WALLS, INC.	

Principal Place of Business 4501 BERYL ROAD RALEIGH, NC 27606	Mailing Address P.O. BOX 33309 RALEIGH, NC 27636
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1171361	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALLEN, ELIZABETH B 3197 STEAMBOAT RIDGE ROAD DAYTONA BEACH, FL 32128
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	U000000089458 03/15/04-80093-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, BRIAN C 4501 BERYL ROAD RALEIGH, NC 27606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTH, GARY W 4501 BERYL ROAD RALEIGH, NC 27606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLFE, BRUCE A 3721 WEST MARKET STREET GREENSBORO, NC 27403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, ANGELA A 4501 BERYL ROAD RALEIGH, NC 27606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALLEN, LOY C SR 4501 BERYL ROAD RALEIGH, NC 27606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ALLEN, ELIZABETH B 3197 STEAMBOAT RIDGE ROAD DAYTONA BEACH, FL 32128

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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: 	Gary Roth	3/10/04	915 812 0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #