

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # F03000002509

1. Entity Name
PRECISION WALLS, INC.



Principal Place of Business
1230 NE MAYNARD RD
CARY, NC 27513

Mailing Address
1230 NE MAYNARD RD
CARY, NC 27513



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1171361	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

ALLEN, ELIZABETH B
3197 STEAMBOAT RIDGE ROAD
DAYTONA BEACH, FL 32128

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, BRIAN C
STREET ADDRESS	1230 NE MAYNARD RD
CITY-ST-ZIP	CARY, NC 27513
TITLE	V
NAME	ROTH, GARY W
STREET ADDRESS	1230 NE MAYNARD RD
CITY-ST-ZIP	CARY, NC 27513
TITLE	V
NAME	WOLFE, BRUCE A
STREET ADDRESS	7215 CESSNA DR
CITY-ST-ZIP	GREENSBORO, NC 27409
TITLE	V
NAME	SANDERS, ANGELA A
STREET ADDRESS	1230 NE MAYNARD RD
CITY-ST-ZIP	CARY, NC 27513
TITLE	C
NAME	ALLEN, LOY C SR
STREET ADDRESS	1230 NE MAYNARD RD
CITY-ST-ZIP	CARY, NC 27513
TITLE	CEO
NAME	ALLEN, ELIZABETH B
STREET ADDRESS	3197 STEAMBOAT RIDGE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32128

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01/14/08-80006-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

919-832-0380

Daytime Phone #