

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F04000004196**

**1. Entity Name  
PRECISION CYCLE WORKS, INC.**



**Principal Place of Business**

**109 EAST SANILAC ROAD  
CARO, MI 48723**

**Mailing Address**

**109 EAST SANILAC ROAD  
CARO, MI 48723**

**DO NOT WRITE IN THIS SPACE**



**04262005 No Chg-P CR2E034 (10/03)**

**4. FEI Number  
38-3033010**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

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

**VAUSE, BOBBY  
1709-D CRAWFORDVILLE HWY. A&D  
CRAWFORDVILLE, FL 32327**

**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 signature required when reinstating)

**DATE**

**4/26/05**

**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**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**CP  
STOICK, JOHN  
1715 GARNER ROAD  
REESE, MI 48757**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

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**STREET ADDRESS**

**CITY-ST-ZIP**

**U00000335531  
04/27/05-80088-014 150.00**

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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:**

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/05 989-673-8555**