

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F83317

1. Entity Name
PRECISION ART BUSINESS FORMS, INC.



Principal Place of Business

**164 DAY DRIVE
SEBASTIAN, FL 32958 US**

Mailing Address

**164 DAY DRIVE
SEBASTIAN, FL 32958 US**



03132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2206566

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, ROBERT C
950 GENESEE AVE
-
SEBASTIAN, FL 32958**

**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 re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIELDS, VANESSA M
STREET ADDRESS	950 GENESEE AVE
CITY - ST - ZIP	SEBASTIAN, FL
TITLE	VDST
NAME	SHIELDS, CARRIE M
STREET ADDRESS	950 GENESEE AVE
CITY - ST - ZIP	SEBASTIAN, FL
TITLE	DP
NAME	SHIELDS, ROBERT C
STREET ADDRESS	950 GENESEE AVE
CITY - ST - ZIP	SEBASTIAN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000137820
04/29/04-80054-022 150.00

**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.

Robert C Shields **ROBERT C SHIELDS** 3/15/04 772-589-4591