


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90362 009 \*\*\*150.00

<b>DOCUMENT # F83317</b> 1. Entity Name <b>PRECISION ART BUSINESS FORMS, INC.</b>					
Principal Place of Business <b>164 DAY DRIVE</b> <b>SEBASTIAN, FL 32958 US</b>			Mailing Address <b>164 DAY DRIVE</b> <b>SEBASTIAN, FL 32958 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHIELDS, ROBERT C</b> <b>950 GENESEE AVE</b> <b>SEBASTIAN, FL 32958</b>				Name <b>SHIELDS, ROBERT C</b> Street Address (P.O. Box Number is Not Acceptable) <b>164 DAY DRIVE</b> City <b>SEBASTIAN, FL</b> <b>FL</b> Zip Code <b>32958</b>	
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 <i>Robert C Shields</i> DATE <b>1/17/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIELDS, VANESSA M</b> <b>950 GENESEE AVE</b> <b>SEBASTIAN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDST</b> <b>SHIELDS, CARRIE M</b> <b>950 GENESEE AVE</b> <b>SEBASTIAN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SHIELDS, ROBERT C</b> <b>950 GENESEE AVE</b> <b>SEBASTIAN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Robert C Shields, Pres.</i> DATE: <b>1/17/05</b> DAYTIME PHONE: <b>772-89-4591</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01172005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2206566** Applied For ☐ Not Applicable ☐

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