2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F93000004527

Entity Name: PRECIPITATOR SERVICES GROUP, INC.

Current Principal Place of Business:

1625 BROAD STREET
ELIZABETHTON, TN 37643 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 339
ELIZABETHTON, TN 37644 US

New Mailing Address:

FEI Number: 62-1276512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAYTIS, JOHN R
APT. 203
3877 HERON COVE COURT
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: NIDIFFER, CARL R
Address: 140-C GRINDSTAFF RD
City-St-Zip: ELIZABETHTON, TN 37643 US

Title: ST ( ) Delete
Name: NIDIFFER, KIMBERLYN J
Address: 140-C GRINDSTAFF RD
City-St-Zip: ELIZABETHTON, TN 37643 US

Title: VPD ( ) Delete
Name: NIDIFFER, DANIEL K
Address: 273 C-GRINDSTAFF RD.
City-St-Zip: ELIZABETHTON, TN 37643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition
Name: NIDIFFER, CARL R
Address: 426 RIVER ISLANDS ROAD
City-St-Zip: ELIZABETHTON, TN 37643 US

Title: ST (X) Change ( ) Addition
Name: NIDIFFER, KIMBERLYN J
Address: 426 RIVER ISLANDS ROAD
City-St-Zip: ELIZABETHTON, TN 37643 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLYN J NIDIFFER SECT 01/08/2008

Electronic Signature of Signing Officer or Director Date