

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000000179

1. Entity Name
PRECISION INCORPORATED



Principal Place of Business
**506 INDUSTRIAL RD
GROVE, OK 74344 US**

Mailing Address
**506 INDUSTRIAL RD
GROVE, OK 74344 US**



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1418626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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**

**U000000914688
05/08/08-80065-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	KYMAN, TROY
STREET ADDRESS	33000 S 670 RD
CITY-ST-ZIP	JAY, OK 74346
TITLE	VSDC
NAME	KYMAN, KAREN
STREET ADDRESS	33000 S 670 RD
CITY-ST-ZIP	JAY, OK 74346
TITLE	D
NAME	CRAWFORD, SHARON
STREET ADDRESS	32201 S 610
CITY-ST-ZIP	GROVE, OK 74344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: X Karen Kyman, V.P. Karen Kyman V.P. X 4-2-08 918-786-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #