2006 FOR PROFIT CORPORATION, ANNUAL REPORT

DOCUMENT # F95000005543

1. Entity Name

ALLPRECISE TOOL AND MANUFACTURING, INC.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

523 PHILADENDRON STREET PUNTA GORDA, FL 33955 523 PHILADENDRON STREET PUNTA GORDA, FL 33955



DO NOT WRITE IN THIS SPACE

02102006	No Chg-P	CR2E034 (1	1/05)
I. FEI Numbe 16-1109			Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WACHTER, WALTER T 523 PHILADENDRON STREET PUNTA GORDA, FL 33955

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and acc	
SIGNATURE	Signature, typed or printed name of registered agent and title I	1 applicable. (NOTE: Registere	d Agent signature	a required when reinstaling)	DATÉ	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Steetion Campaign Financing \$5.00 May Be Trust Fund Contribution.		000000500675 04/25/06-80032-010 158.75		
10.	OFFICERS AND DIREC	TORS	1	\	<u> </u>	
TRILE NAME STREET ADDRESS CITY-ST-ZIP	VP WACHTER, INGEBORG M 523 PHILADENDRON STREET PUNTA GORDA, FL 33955					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WACHTER, WALTER T 523 PHILADENDRON STREET PUNTA GORDA, FL 33955			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TALE MAME STREET ADDRESS CMY-ST-ZIP			IN THIS SPACE			
title Name Street address City-St-Ip					t	
THILE NAME STREET ADDRESS CITY-ST-ZIP						

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 Walter P. Wochte

PRES

4/6/06 941-515-6669