


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F95000005543 1. Entity Name ALLPRECISE TOOL AND MANUFACTURING, INC.	
--	---

Principal Place of Business 523 PHILADENDRON STREET PUNTA GORDA, FL 33955	Mailing Address 523 PHILADENDRON STREET PUNTA GORDA, FL 33955
---	---



**DO NOT WRITE IN THIS SPACE**

02112007	No Chg-P	CR2E034 (11/05)
4. FEI Number 16-1109511	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> 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**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--------------------------	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WACHTER, INGBORG 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000697996  
04/18/07-80064-005 150.00

**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: Walter T. Wachter 4/1/07 941-575-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #