


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000678
 1. Entity Name
PRECISION LEADERSHIP SYSTEMS INC.



Principal Place of Business Mailing Address
 1121 CRANDON BLVD., #D-906 1121 CRANDON BLVD., #D-906
 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0720689 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LIVINGSTON, J STERLING
1121 CRANDON BLVD., #D-906
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

pd. See Trust ck # 1727
March 1, 2004
\$158.75

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	LIVINGSTON, RUTH E	
STREET ADDRESS	1121 CRANDON BLVD., #D-906	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, J STERLING	
STREET ADDRESS	1121 CRANDON BLVD., #D-906	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, MATTHEW S	
STREET ADDRESS	12009 ST HALENA ST	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, STERLING C	
STREET ADDRESS	6713 CABOOSE LANE	
CITY-ST-ZIP	SANDSTON VA 23150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000073901	
CITY-ST-ZIP	03/08/04-80086-016 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. Sterling Livingston **J. STERLING LIVINGSTON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *March 1, 2004* Date *305/361/8000* Daytime Phone