


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90003 005 ***550.00

DOCUMENT # F99000000516 1. Entity Name PRECISION SAMPLING, INC.	
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Principal Place of Business 1400 S 50TH ST RICHMOND, CA 94804	Mailing Address 1400 S 50TH ST RICHMOND, CA 94804
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54057511



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0258399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB NEEDSBA, RICHARD CASEY, MICHAEL 1400 S 50TH ST RICHMOND, CA 94804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOND, JIM VAN RYK, ANDRE 1400 S 50TH ST RICHMOND, CA 94804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOWACK, ROBERT 1400 S 50TH ST RICHMOND, CA 94804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE VAN RYK

May 28, 2004

DATE

604-669-3373

Daytime Phone #