


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006142 1. Entity Name PRECISION AG RESOURCES, INC.	
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Principal Place of Business 2121B CORPORATE SQUARE BLVD., STE 242 JACKSONVILLE, FL 32216	Mailing Address 2121B CORPORATE SQUARE BLVD., STE 242 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1957743	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, MAXCY ROGER 2121B CORPORATE SQUARE BLVD., STE. 242 JACKSONVILLE, FL 32216
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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 _____ <small>(Signature of individual provided name of registered agent and type. If applicable, (NOTE: Registered Agent signature required when changing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UNIFORM 24268 1/4/22/04-80037-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PS MACHEK, MICHAEL DEAN 4017 POPLAR GROVE RD. MIDLOTHIAN, VA 23112
TITLE NAME STREET ADDRESS CITY ST ZIP	D WATSON, MAXCY ROGER 2121B CORPORATE SQUARE BLVD., STE. 235 JACKSONVILLE, FL 32216
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Michael Dean Machek, president</i> MICHAEL DEAN MACHEK 4-16-04 904-631-3086
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>