

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 007 ***150.00

DOCUMENT # **G48482**

1. Entity Name

ANCO PRECISION, INC.



Principal Place of Business

% DAVID VELARDI
3191 S.W. 11TH ST. BLDG. 2
DEERFIELD BEACH FL 33442

Mailing Address

% DAVID VELARDI
3191 S.W. 11TH ST. BLDG. 2
DEERFIELD BEACH FL 33442



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0161326**

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELARDI, DAVID
1160 HILLSBORO MILE UNIT 205
HILLSBORO BEACH FL 33062

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | VELARDI, DAVID | |
| STREET ADDRESS | 1160 HILLSBORO MILE #205 | |
| CITY - ST - ZIP | HILLSBORO BEACH FL 33062 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | VELARDI, TERRY | |
| STREET ADDRESS | 1160 HILLSBORO MILE #205 | |
| CITY - ST - ZIP | HILLSBORO BEACH FL 33062 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VELAEDI, ANDREW | |
| STREET ADDRESS | 4824 N STATE RD 7 APT 107 | |
| CITY - ST - ZIP | POMPANO BEACH FL 33073 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FREEMAN, NICOLE | |
| STREET ADDRESS | 8008 RED REEF LN | |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436 | |
| 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 | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VELARDI, Andrew |
| STREET ADDRESS | 5851 Holmberg Road #3914 |
| CITY - ST - ZIP | Parkland, FL 33067 |
| 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 exemptions contained in Section 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:

Terry Velardi

TERRY VELARDI

4/11/07

9544293703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #