


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90010 015 \*\*\*150.00

<b>DOCUMENT # G48482</b> 1. Entity Name ANCO PRECISION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0161326	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  VELARDI, DAVID 1160 HILLSBORO MILE UNIT 205 HILLSBORO BEACH, FL 33062
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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 reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELARDI, DAVID 1160 HILLSBORO MILE #205 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELARDI, TERRY 1160 HILLSBORO MILE #205 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELARDI, ANDREW 5851 HOLMBERG ROAD #3914 PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, NICOLE 8008 RED REEF LN BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Terry Velardi TERRY VELARDI 4/2/08 954 429 3703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #