

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42847

FILED
Jan 06, 2006
Secretary of State

Entity Name: PRECISION MARINE SERVICE AND SUPPLY, INC.

Current Principal Place of Business:

8690 SOUTH FLORIDA AVENUE
P O BOX 339
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

8690 SOUTH FLORIDA AVENUE
P O BOX 339
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-2762407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLLOWAY, WILLIAM A
200 S. RICKEY TERR
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLOWAY, WILLIAM A
Address: 200 S. RICKEY TERR
City-St-Zip: INVERNESS, FL 34450

Title: VD () Delete
Name: HOLLOWAY, PATRICIA F, .
Address: 10255 EAST TRAILS END ROAD
City-St-Zip: FLORAL CITY, FL 34436

Title: STD () Delete
Name: HOLLOWAY, MARIAM T
Address: 200 S. RICKEY TERR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A HOLLOWAY

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date