

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # J66191 1. Entity Name PRECISION COMMUNICATIONS, INC.	
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Principal Place of Business % JOHN W. AUSTILL 508 MULBERRY AVE. PANAMA CITY, FL 32401	Mailing Address % JOHN W. AUSTILL 508 MULBERRY AVE. PANAMA CITY, FL 32401
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05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2783676	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUSTILL, JOHN W 508 MULBERRY AVE. PANAMA CITY, FL 32401	DO NOT WRITE IN THIS SPACE
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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000764586
05/31/07-80001-009 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTILL, JOHN W. 4228 GARRISON RD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUSTILL, SANDRA J. 4228 GARRISON RD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTILL, JOHN E 7812 GILCHRIST AVE. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra J. Austill **SANDRA J. AUSTILL** 5/3/07 850-763-8499

Date

Daytime Phone #