

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 031 ***150.00

DOCUMENT # K27916

1. Entity Name
PRECISION ELECTRIC, INC.



Principal Place of Business
6398 RICHARDSON ROAD 1554 Global Ct
SARASOTA, FL 34240 US

Mailing Address
C/O HAWKINS, JAMES B.
1554 GLOBAL COURT
SARASOTA, FL 34240 US

40012020



2. Principal Place of Business
1554 GLOBAL CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number
65-0069750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIDRICK, DALE
6398 RICHARDSON RD 1554 Global Ct
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAWKINS, JAMES B.	
STREET ADDRESS	6398 RICHARDSON ROAD 1250 Bern Creek Loop	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIDRICK, DALE A	
STREET ADDRESS	6418 RICHARDSON ROAD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, DOROTHY	
STREET ADDRESS	6398 RICHARDSON RD 1250 Bern Creek Loop	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1250 BERN CREEK LOOP
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	
STREET ADDRESS	1250 BERN CREEK LOOP
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #