2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005
Secretary of State

DOCUMENT# L03000016274

Entity Name: PRECISION SURFACES, LLC

Current Principal Place of Business:

50 SOUTH DIXIE HWY., STE 2
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

701 N. MOODY RD.
SUITE 8-2
PALATKA, FL 32177

Current Mailing Address:

50 SOUTH DIXIE HWY., STE 2
ST. AUGUSTINE, FL 32084

New Mailing Address:

701 N. MOODY RD.
SUITE 8-2
PALATKA, FL 32177

FEI Number: 16-1671640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUGAL, DAVID JAMES
258 HARBOR DRIVE
PALATKA, FL 32177 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GUGAL, DAVID JAMES
Address: 258 HARBOR DRIVE
City-St-Zip: PALATKA, FL 32177

Title: MGR ( ) Delete
Name: COLLINS GUGAL, JILL C
Address: 258 HARBOR DRIVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID JAMES GUGAL MGRM 07/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date