

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000023319**

1. Entity Name  
**MOST PRECISION SERVICES CORPORATION**



Principal Place of Business  
**5205 SARASOTA CT.  
CAPE CORAL, FL 33904**

Mailing Address  
**5205 SARASOTA CT.  
CAPE CORAL, FL 33904**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0992748** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MANSSON, JEAN  
5205 SARASOTA CT.  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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	D
NAME	PAULSEN, DANIEL
STREET ADDRESS	5205 SARASOTA CT.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	PAULSEN, MAGUS
STREET ADDRESS	5205 SARASOTA CT.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	PAULSEN, EVA
STREET ADDRESS	5205 SARASOTA CT.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	PAULSEN, JONAS
STREET ADDRESS	5205 SARASOTA CT.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PVST
NAME	MANSSON, JEAN
STREET ADDRESS	5205 SARASOTA CT.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80030-021 150.00

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IN THIS SPACE**

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: *Jeann Manson* 2-22-05 (339) 823-4769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #