
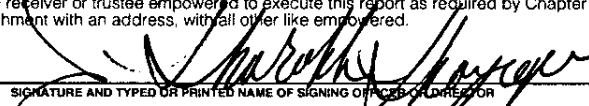


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90059 029 ***150.00

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P00000105207 1. Entity Name PRECISION DATA FORMS, INC. | |  | |
| Principal Place of Business 4465 W. GANDY BLVD 800 TAMPA, FL 33611 | | Mailing Address 311 ORANGE ST PALM HARBOR, FL 34683 | |
| 2. Principal Place of Business 28100 US Hwy 19 N #403 Suite, Apt. #, etc. 403 City & State CLEARWATER FL Zip 33761 Country US | | 3. Mailing Address 28100 US Hwy 19 N Suite, Apt. #, etc. 403 City & State CLEARWATER Zip 33761 Country US | |
| 4. FEI Number 59-3705010 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name GENE CUNNINGHAM Street Address (P.O. Box Number is Not Acceptable) 28100 US Hwy 19 N. Ste 403 City CLEARWATER FL Zip Code 33761 | |
| 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:  DATE: 2/13/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PSTD NAME SHAYEGAN, SHAROKH STREET ADDRESS 311 ORANGE ST CITY-ST-ZIP PALM HARBOR, FL 34683 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date 3/15/04 | |