


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 028 ***150.00

DOCUMENT # P01000032419 1. Entity Name PRECISION CRAFT, INC.			
Principal Place of Business 204 160TH AVE REDINGTON BEACH, FL 33708		Mailing Address 204 160TH AVE REDINGTON BEACH, FL 33708	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 8833 BASS LAKE DR		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State NEW PORT RICHEY		City & State NEW PORT RICHEY FL	
Zip 34654		Country	
4. FEI Number 59-3712236		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EWALD, STEVE 204 160TH AVE REDINGTON BEACH, FL 33708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8833 BASS LAKE DR City NEW PORT RICHEY FL Zip Code 34654	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D EWALD, STEVE 204 160TH AVE REDINGTON BEACH, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWALD, STEVE 8833 BASS LAKE DR NEW PORT RICHEY FL 34654
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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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: <u>Steve Ewald</u>		Date: <u>1/17/08</u> Daytime Phone #: <u>727-859-0028</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	