


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000033671		
1. Entity Name SOUTHERN PRECISION BEARINGS, INC.		
Principal Place of Business 2939 46TH AVE N SAINT PETERSBURG, FL 33714	Mailing Address 2939 46TH AVE N SAINT PETERSBURG, FL 33714	



06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3711015	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  LUND, CLAUDIA J 2939 46TH AVE., NORTH ST PETERSBURG, FL 33714
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**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: *Claudia J. Lund* 6-28-05  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANISCH, MARY W PO BOX 530577 SAINT PETERSBURG, FL 33747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANISCH, EDWIN J PO BOX 530577 SAINT PETERSBURG, FL 33747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUND, WILLIAM R 4650 SLASH PINE LANE NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUND, CLAUDIE J 4650 SLASH PINE LANE NIE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/15/05-80001-009 150.00

**DO NOT WRITE  
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: *[Signature]* 7/12/05 727-528-0078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #