

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109018

FILED
Apr 29, 2005
Secretary of State

Entity Name: PRECISION INSURANCE AGENCY, INC.

Current Principal Place of Business:

2450 MAITLAND CENTER PARKWAY
SUITE 300
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2106
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 80-0004679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUND, L. ALAN
1780 N KROME AVE
HOMESTEAD, FL 33030 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, THOMAS R JR
Address: 17950 SW 285TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: LUND, L. ALAN
Address: 1780 N KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: NENEZIAN, GEORGE
Address: 7000 ABERDEEN WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: STINSON, THOMAS L
Address: 4438 LITTLE WATER STREET
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SANDERS, WILLIAM T
Address: 1622 EAGLE NEST CIR
City-St-Zip: WINTER SPRINGS, FL 32708

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. STINSON

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date