
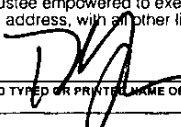


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 012 ***150.00

DOCUMENT # P01000109018 1. Entity Name PRECISION INSURANCE AGENCY, INC.			
Principal Place of Business 2600 MAITLAND CENTER PARKWAY SUITE 300 MAITLAND, FL 32751 US		Mailing Address P.O. BOX 2106 WINTER PARK, FL 32790 US	
2. Principal Place of Business - No P.O. Box # 1780 N. KROME AV.		3. Mailing Address P.O. Box 1505	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL	
Zip 33030		Zip 33090	
Country USA		Country USA	
4. FEI Number 80-0004679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUND, L. ALAN 1780 N KROME AVE HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name THOMAS R. JONES, JR. Street Address (P.O. Box Number is Not Acceptable) 1780 N. KROME AV City HOMESTEAD FL Zip Code 33030	
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 4/14/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 JONES, THOMAS R JR 17950 SW 285TH STREET HOMESTEAD, FL 33030 <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	D LUND, L. ALAN 1780 N KROME AVE HOMESTEAD, FL 33030 <input checked="" 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	D NENEZIAN, GEORGE 7000 ABERDEEN WAY MIAMI LAKES, FL 33014 <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	D STINSON, THOMAS L 4438 LITTLE WATER STREET ORLANDO, FL 32817 <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	D SANDERS, WILLIAM T 1622 EAGLE NEST CIR WINTER SPRINGS, FL 32708 <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
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 another like empowered.			
SIGNATURE: 		Date 4/16/07 Daytime Phone #	