

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109018

FILED
Feb 03, 2010
Secretary of State

Entity Name: PRECISION INSURANCE AGENCY, INC.

Current Principal Place of Business:

1780 N KROME AV
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1505
HOMESTEAD, FL 33090 US

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:

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

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

Title: D
Name: STINSON, THOMAS L
Address: 1135 THOMAS ROAD
City-St-Zip: BEAUMONT, TX 77706

Title: D
Name: SANDERS, WILLIAM T
Address: 5078 ZION CT
City-St-Zip: CASTLE ROCK, CO 80109

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R. JONES, JR.

PD

02/03/2010

Electronic Signature of Signing Officer or Director

Date