

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-28-2004 90001 040 ***150.00

DOCUMENT # P02000008179

1. Entity Name
PRECISION SPROCKETS, INC.



Principal Place of Business
**14309 EDWINOLA WAY
DADE CITY, FL 33523**

Mailing Address
**14309 EDWINOLA WAY
DADE CITY, FL 33523**

54073530



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2024624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRENSHAW, PATRICK
57 N. BAY HARBOR DRIVE
KEY LARGO, FL 33037**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CRENSHAW, PATRICK**
STREET ADDRESS **57 N. BAY HARBOR DRIVE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **D**
NAME **ROSS, JIM**
STREET ADDRESS **3525 PREMIER DRIVE**
CITY-ST-ZIP **CASSELBERRY, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/04

Attachment
54073530
Doc. # 102000008179

PRECISION SPROCKETS, INC.
14309 EDWINOLA WAY
DADE CITY, FL 33523

July 20, 2004

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

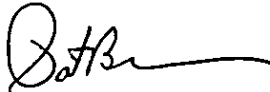
RE: PRECISION SPROCKETS INC.
FEIN# 41-2024624

Dear Sir or Madam:

Enclosed please find a Uniform Business Form for Precision Sprockets, Inc. The company never received the UBR Card for 2004. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$ 150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



Patrick Crenshaw

enclosed
Ww/ubr/UBR LTR-2004 Precision Sprockets