## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P02000060927 04-28-2006 90167 041 \*\*\*150.00 PRECISION PUNCH OUT, INC. Principal Place of Business Mailing Address 700 DIXIE HWY 700 DIXIE HWY LAKE PK, FL 33408 LAKE PK, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04242006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number 30-0082761 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Ney Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST: 4TH FL MIAMI, FL 33145; City Zip 538/36 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. (NOTE: Registered Agent signature required when reinstating) edicologe il apertana maga havaragge lo s FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TIRE ☐ Change ■ Addition DOYLE, CHRISTOPHER W NAME NAME 700 DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LAKE PK, FL 33408** CITY-ST-ZP TITLE TRE Delete Change Addition NAME VINCENTZ, VINCE NAME STREET ADDRESS 700 DIXIE HWY STREET ADDRESS LAKE PK, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Defete TITLE ☐ Change ■ Addition VINCENTZ, CINDY NAME NAME STREET ADDRESS 700 DIXIE HWY STREET ADDRESS CITY-ST-ZIP **LAKE PK, FL 33408** CITY-ST-ZIP TITLE Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition RTLE TITLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 all other like empowered. aL. SIGNATURE:

FILED