

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90680 025 ***150.00



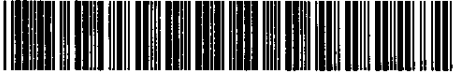
DOCUMENT # P02000130700
 1. Entity Name
PRECISE FRAMING, INC.

Principal Place of Business Mailing Address
5754 SR 542 W **5754 SR 542 W**
STE 1 **STE 1**
WINTER HAVEN FL 33880 **WINTER HAVEN FL 33880**

2. Principal Place of Business 3. Mailing Address
515 5th Street SW **515 5th Street SW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Haven FL **Winter Haven FL**
 Zip Country Zip Country
33880 **USA** **33880** **USA**

4. FEI Number Applied For
03-0496490 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
BAXTER, H. AUSTIN
4425 WALK IN WATER ROAD
LAKE WALES FL 33898

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | BAXTER, H. AUSTIN |
| STREET ADDRESS | 4425 WALK IN WATER ROAD |
| CITY-ST-ZIP | LAKE WALES FL 33898 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | CERVANTES, REY |
| STREET ADDRESS | 36 PHILLIPS STREET, APT B |
| CITY-ST-ZIP | LAKE WALES FL 33853 |
| TITLE | SECT <input type="checkbox"/> Delete |
| NAME | MAGANA, VICTOR H |
| STREET ADDRESS | 318 MYRTLE AVENUE |
| CITY-ST-ZIP | LAKE WALES FL 33853 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | HANCOCK, TRINA BAXTER |
| STREET ADDRESS | 5754 SR 542 W STE 1 |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Treasurer |
| STREET ADDRESS | magana, Victor H |
| CITY-ST-ZIP | 318 Myrtle Avenue Lake Wales FL 33853 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Secretary |
| STREET ADDRESS | Hancock, Trina Baxter |
| CITY-ST-ZIP | 515 5th Street SW Winter Haven, FL 33880 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 line empowered.

SIGNATURE: *Trina Baxter Hancock* **secretary** **4804 8632997500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #