

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90252 026 ***150.00

DOCUMENT # P02000130700					
1. Entity Name PRECISE FRAMING, INC.					
Principal Place of Business 515 5TH STREET SW WINTER HAVEN, FL 33880 US			Mailing Address 515 5TH STREET SW WINTER HAVEN, FL 33880 US		
2. Principal Place of Business 4425 Walk in Water Rd Suite, Apt. #, etc.		3. Mailing Address 5754 SR 542 West Suite, Apt. #, etc.		50041675 	
City & State Lake Wales, FL 33898		Suite #4 City & State Winter Haven, FL		04052005 Chg-P CR2E034 (10/03)	
Zip Country 33898 USA		Zip Country 33880 USA		4. FEI Number 03-0496490	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P NAME BAXTER, H. AUSTIN STREET ADDRESS 4425 WALK IN WATER ROAD CITY-ST-ZIP LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CERVANTES, REY STREET ADDRESS 36 PHILLIPS STREET, APT B CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MAGANA, VICTOR H STREET ADDRESS 318 MYRTLE AVENUE CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HANCOCK, TRINA BAXTER STREET ADDRESS 515 5TH STREET SW CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE S NAME Hancock, Trina Baxter STREET ADDRESS 8612 Mary Moser Lane CITY-ST-ZIP Lake Wales, FL 33898	<input checked="" 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	
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 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: _____			President 4-805 8632875401		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					