

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 048 ***150.00

DOCUMENT # P02000130700

1. Entity Name
PRECISE FRAMING, INC.



Principal Place of Business

**5754 SR 542 WEST
SUITE #4
WINTER HAVEN, FL 33880 US**

Mailing Address

**5754 SR 542 WEST
SUITE 4
WINTER HAVEN, FL 33880 US**

60024627



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5754 SR 542 WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Winter Haven FL

Zip

Country

Zip

33880

Country

USA

04022008

Chg-P

CR2E034 (12/06)

4. FEI Number

03-0496490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAXTER, H. AUSTIN
5754 SR 542 WEST
SUITE #4
WINTER HAVEN, FL 33880**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAXTER, H. AUSTIN**
STREET ADDRESS **5754 SR 542 WEST SUITE #4**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **VP** ☐ Delete
NAME **CERVANTES, REY**
STREET ADDRESS **5754 SR 542 WEST STE 5**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **T** ☐ Delete
NAME **MAGANA, VICTOR H**
STREET ADDRESS **5754 SR 542 WEST STE 5**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **S** ☐ Delete
NAME **HANCOCK, TRINA BAXTER**
STREET ADDRESS **8612 MARY MOSER LANE**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

8639650011

Daytime Phone #