

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130700

Entity Name: PRECISE FRAMING, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

5754 SR 542 W
STE 5
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

5754 SR 542 WEST
SUITE #5
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 03-0496490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BAXTER, H. AUSTIN
5754 SR 542 WEST
SUITE #5
WINTER HAVEN, FL 33880 US

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.

SIGNATURE:

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, H. AUSTIN
Address: 5754 SR 542 WEST SUITE #4
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: CERVANTES, REY
Address: 5754 SR 542 WEST STE 5
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: MAGANA, VICTOR H
Address: 5754 SR 542 WEST STE 5
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: HANCOCK, TRINA BAXTER
Address: 8612 MARY MOSER LANE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAXTER, H. AUSTIN
Address: 5754 SR 542 WEST SUITE #5
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD AUSTIN BAXTER

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date