

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6/

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**



05-06-2004 90167 043 \*\*\*150.00

07-12-2004 90011 046 \*\*\*165.00

44047705



04182004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000019047</b>			
1. Entity Name <b>VULCAN PRECISION INDUSTRIES, INC.</b>			
Principal Place of Business <b>PO BOX 1151 OLDSMAR, FL 34677</b>		Mailing Address <b>PO BOX 1151 OLDSMAR, FL 34677</b>	
2. Principal Place of Business <b>1497 Main St. Suite, Apt. #, etc. #231</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Dunedin FL</b>		City & State	
Zip <b>34698</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>02-0674850</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HUBBART, KEVIN J ESQ 420 PARK PLACE STE 100 CLEARWATER, FL 33759</b>		7. Name and Address of New Registered Agent Name <b>Russ Rogers</b> Street Address (P.O. Box Number is Not Acceptable) <b>1497 Main St. #231</b> City <b>Dunedin</b> FL Zip Code <b>34698</b>	
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, RUSS PO BOX 1151 OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/T Rogers, Russ PO Box 1151 Oldsmar, FL 34677 <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
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
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:  Chairman		Date <b>4/18/04</b> 727-481-6162	



Attachment

# P03 000019047

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**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

June 23, 2004

VULCAN PRECISION INDUSTRIES, INC.  
PO BOX 1151  
OLDSMAR, FL 34677

SUBJECT: VULCAN PRECISION INDUSTRIES, INC.  
Ref. Number: P03000019047

Debit Memo #: 45985-L

This is to inform you that check #2496 dated APRIL 18, 2004 in the amount of \$150.00 submitted with the annual report/uniform business report for VULCAN PRECISION INDUSTRIES, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after August 23, 2004 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Patricia Bailey  
Accountant II

Letter Number: 304A00041510