

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065310

FILED
Jan 09, 2004
Secretary of State

Entity Name: PRECISION DESIGN & DEVELOPMENT CO. (FLORIDA), INC.

Current Principal Place of Business:

4460 COMMERCE DRIVE
BUFORD, GA 30518

New Principal Place of Business:

Current Mailing Address:

4460 COMMERCE DRIVE
BUFORD, GA 30518

New Mailing Address:

FEI Number: 02-0696462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Change (X) Addition
Name: RIETIG, REINER P
Address: 4460 COMMERCE DR.
City-St-Zip: BUFORD, GA 30518

Title: PD () Change (X) Addition
Name: PHELPS, THOMAS M SR.
Address: 45717 US HWY 27 N
City-St-Zip: DAVENPORT, FL 33897

Title: VD () Change (X) Addition
Name: PHELPS, THOMAS M JR.
Address: 4460 COMMERCE DR.
City-St-Zip: BUFORD, GA 30518

Title: TD () Change (X) Addition
Name: PALMER, STEPHEN D
Address: 4460 COMMERCE DR.
City-St-Zip: BUFORD, GA 30518

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN D. PALMER

TD

01/09/2004

Electronic Signature of Signing Officer or Director

Date