## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 16, 2005 08:00 AN Secretary of State

DOCUMENT # P03000074822 The Entity Name PRECISION MODULAR CORPORATION					secretary of Sta
Principal Plac 6192 SW HW ARCADIA, FL	N 72	Mailing Address 6192 SW HWY 72 ARCADIA, FL 34266		ו ועסטונט ווער פעופט ואין אין ועסטונט וו	. المراجعة
				05132005 No Chg-P	CR2E034 (10/03)
	O NOT WRITE	N THIS SPA	CE	4. FEI Number 20-0077479  5. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current Rec	istered Agent	المراجعة ا المراجعة المراجعة ا	THE TAX THE TAX TO BE	
	JOHN L 'H ORANGE AVE 'A, FL 34236			DO NOT W IN THIS SI	ing timber in the property of the facility of the contract of
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, typod or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstalling). DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Fina Trust Fund Contribution.	ncing _ <b>\$5.</b>	OD May Be In accordance corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND DIR	ECTORS )			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PRES MARSHALL, THOMAS R PRES 6192SW HWY 72 ARCADIA, FL 34266		Carte of Section 1	000 14 05/16/	000367349 05-80031-024 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged	certify that the information supplied with this on this report of supplemental report is true poration or the receiver or that the empower or on an attack ment with any address, with	s filing does not qualify for the exe e and accurate and that my signa red to execute this report as requ all other like empowered.	emption stated in Se sture shall have the s ired by Chapter 607	ction 119.07(3)(i), Florida Statutes, same legal effect as if made under , Florida Statutes; and that my nan	I further certify that the information oath; that I am an officer or director ne appears in Block 10 or Block 11 if