


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90157 006 ***158.75

DOCUMENT # P03000146577 1. Entity Name PRECISION INSTALLATION SERVICE, INC.					
Principal Place of Business 2423 NW 4TH AVE. OCALA, FL 34479			Mailing Address 2423 NW 4TH AVE. OCALA, FL 34479		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 87-0715542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, SCOTT 2423 NW 4TH AVE. OCALA, FL 34479			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PT FERGUSON, SCOTT 2423 NW 4TH AVE. OCALA, FL 34479		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S George DAVID A. 13215 SW 17 ST. RD OCALA, FL 34481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, COURTNEY 2423 NW 4TH AVE. OCALA, FL 34479		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEATERS, CYNTHIA K. 4141 CR 316 CITRA, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITT, GLEN T 13857 SW 14TH PL. OCALA, FL 34481		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Scott Ferguson</u> Scott Ferguson, president, 01/19/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					