

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000152693

1. Entity Name  
PRECISION PAINTING CORP BY DAVID PEEPLES



Principal Place of Business  
299 OLD HWY 17  
LAKE COMO, FL 32157

Mailing Address  
POST OFFICE BOX 662  
LAKE COMO, FL 32157



06142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 35-2221880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, DAVID A  
299 OLD HWY 17  
LAKE COMO, FL 32157

**DO NOT WRITE  
IN THIS SPACE**

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 David A. Peeples

Signature, typed or printed name of registered agent and title if applicable.

David A. Peeples

(NOTE: Registered Agent signature required when reinstating)

07/04/07

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEEPLES, DAVID A
STREET ADDRESS	P.O. BOX 662
CITY-ST-ZIP	LAKE COMO, FL 32157

TITLE	S
NAME	LAURAMORE, JOHNNY J II
STREET ADDRESS	299 OLD HWY 17
CITY-ST-ZIP	LAKE COMO, FL 32157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/10/07-80027-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: David A. Peeples

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/04/07(386)649-9241

Date Daytime Phone #