2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # P04000004167** 1. Entity Name PRECISION GROUNDS, INC. Mailing Address Principal Place of Business 551 CENTURY DR 551 CENTURY DR MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FE! Number Applied For City & State 59-3780120 Not Applicat Country Country Zio \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FULCHER, GENE 551 CENTURY DR Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 City Zip Code 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 access the obligations of registered agent. SIGNATURE . Signature, typed or portion name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when remarking) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Aggidi. HTLE ☐ Delete THEF NAME NAME SUNDHOLM, MIKE STREET ADDRESS STREET ADDRESS 551 CENTURY DR CITY-ST-ZIP MARCO ISLAND FL 34145 CHY-ST-ZO ☐ Change □ ^."" ☐ Detete TITLE TITLE NAME FULCHER, GENE NAME STREET ADDRESS 551 CENTURY DR STREET ADDRESS CITY-ST-ZIP CITY-\$1-21P MARCO ISLAND FL 34145 □ ^*** Change ☐ Detete THILE 1371.5 U00000492398 NAME NAME SUNDHOLM, JEANIFER 04/19/06-80064-009 150.00 STREET ADDRESS STREET ADDRESS 551 CENTURY DR CHY-ST-ZIP City-ST-ZIP MARCO ISLAND FL 34145 Change ☐ Detete 1173 F TITLE FULCHER, ANDREA NAME NAME 551 CENTURY OR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-IP ☐ Change □ ACT TITLE ☐ Delete TeTLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP Change □A: ☐ Delete Tille TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Sen Elcher 4206 235-353-1717

FILED