## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2008 8:00 am Secretary of State DOCUMENT # P04000004167 1. Entity Name 03-24-2008 90039 035 \*\*\*150.00 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3780120 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_ FULCHER, GENE Street Address (P.O. Box Number is Not Acceptable) 551 CENTURY DR MARCO ISLAND FL 34145 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 accept the obligations of registered agent. SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Defete TITLE TITLE Change ☐ Addition NAME SUNDHOLM, MIKE NAME STREET ADDRESS 551 CENTURY DR STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FULCHER, GENE NAME STREET ADDRESS 551 CENTURY DR STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY - ST - ZIP TITLE Deiete TITLE ☐ Change Addition SUNDHOLM, JEANIFER STREET ADDRESS 551 CENTURY DR STREET AODRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-7IP ☐ Delete TIFLE ☐ Addition FULCHER, ANDREA NAME 551 CENTURY DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED