## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## May 02, 2007 08:00 AM Secretary of State DOCUMENT # P04000005933 1. Entity Name PRECISION INSTALLERS, INC. Principal Place of Business Mailing Address 18833 SEKERA RD 18833 SEKERA RD HUDSON, FL 34667 HUDSON, FL 34667 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0619117 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPRINGFIELD, STEPHEN DO NOT WRITE 18833 SAKERA ROAD HUDSON, FL 34667 IN THIS SPACE registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the pure the obligations of registered adent. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SPRINGFIELD, STEPHEN NAME STREET ADDRESS 18833 SAKERA ROAD CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Unnoon7'54823 NAME 05/22/07-80077-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE

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.

**FILED**