


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90032 001 ***150.00
08-01-2005 90032 002 *****8.75

DOCUMENT # P04000146158	
1. Entity Name ALL PRECISION SERVICES, INC.	

Principal Place of Business 4729 NW 6 PLACE COCONUT CREEK, FL 33063	Mailing Address 4729 NW 6 PLACE COCONUT CREEK, FL 33063
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07252005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3743621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCANN, OLIVER 4729 NW 6 PLACE COCONUT CREEK, FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCANN, OLIVER 4729 NW 6 PLACE COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCCANN, LUCY 4729 NW 6 PLACE COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **7/26/05 (954) 956-9858**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
D04000146158
66025243

4729 NW 6 Place
Coconut creek, FL 33063
Phone: 954-956-9858
Fax: 954-984-9166

All Precision Services, Inc.

July 26, 2005

Divisions of Corporations
PO Box 1500 Tallahassee, FL 32302

Dear Sir or Madam:

Please find enclosed 2005 for profit corporation annual report along with a check for \$150. Please also note that we are not familiar with the procedures and we never got the first notice for May 1st to report and pay therefore, we are asking you to kindly waive the late fee. Thank you in advance for your time and assistance.

Sincerely,



Lucy McCann
Vicepresident
All Presicion, Services, Inc.

Thank you for the opportunity to serve you!