## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AN
Secretary of State

DOCUMENT # P05000072353  1. Entity Name PRECISE ELECTRIC SERVICES, INC.					8	ecretary	7 of Sta
Principal Plac 4562 NW 39 LAUDERDALI		Mailing Address 4562 NW 39TH ST. LAUDERDALE LAKES, FL 3331	9				
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	O NOT MOTE	IN THE COA	^r	04232007	No Chg-P	CR2E034 (11/	05)
DO NOT WRITE IN THIS SPA			UE.	4. FEI Numbe 04-381			Applied For Not Applicable
	6. Name and Address of Current Re-			5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional quired
WILLIAMS, JOSEPH A 4562 NW 39TH ST. LAUDERDALE LAKES, FL 33319  8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	ions of registered agent.		<del></del>				
	Signature, typed or printed name of registered agent and	ilde if applicable. (NOTE Registers	d Agent signature requin	od when reinstalling)		- DATE	<del> </del>
FiL Atter M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	noing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND DIF	RECTORS	==				
NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, JOSEPH A					0736345 -80072-020	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

## 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 supplied ential report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted 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 that any other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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City-St-Zip

RY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #