## 2008 FOR PROFIT CORPORATION

## FILED Feb 18, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P05000134363 PRECISION LOCKSMITH SERVICES INC. Principal Place of Business Mailing Address 1510 SE CAPITAL CIRCLE 1510 SE CAPITAL CIRCLE TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3665295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, JEFFERY A 1510 SE CAPITAL CIRCLE IN THIS SPACE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME DAVIS, JEFFERY A 3211 BIG OAK STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 U000000831039 TITLE 02/27/08-80001-017 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY+ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP



IN THIS SPACE

850-877-7297