
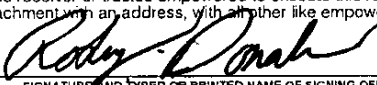


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 038 \*\*\*150.00

<b>DOCUMENT # P05000138492</b> 1. Entity Name <b>PRECISION WATER SERVICES, INC.</b>			
Principal Place of Business <b>4881 GLOBE TERRACE NORTH PORT, FL 34286</b>		Mailing Address <b>4881 GLOBE TERRACE NORTH PORT, FL 34286</b>	
2. Principal Place of Business, No P.O. Box # <b>3579 Gillot</b>		3. Mailing Address <b>3579 Gillot</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Port Charlotte FL</b>		City & State <b>Port Charlotte FL</b>	
Zip <b>33981</b>		Zip <b>33981</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-3610428</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONAHUE, KENNETH 4881 GLOBE TERRACE NORTH PORT, FL 34286</b>		7. Name and Address of New Registered Agent Name <b>Rodney Donahue</b> Street Address (P.O. Box Number is Not Acceptable) <b>3579 Gillot</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33981</b>	
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  DATE _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES DONAHUE, KENNETH 4881 GLOBE TERRACE NORTH PORT, FL 34286</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES Donahue, Rodney 3579 Gillot Port Charlotte, FL 33981</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP DONAHUE, RODNEY 4881 GLOBE TERRACE NORTH PORT, FL 34286</b>	<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 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Date <b>7-7-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	