

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

08 JAN -2 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000049263

1. Entity Name
PRECISION GREEN, INC.



Principal Place of Business
10460 SOUTH LAKE VISTA CIRCLE
DAVIE, FL 33328

Mailing Address
10460 SOUTH LAKE VISTA CIRCLE
DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #
15051 Lyons Rd.
Suite, Apt. #, etc.
Delray Beach, FL
City & State

3. Mailing Address
15051 Lyons Rd.
Suite, Apt. #, etc.
Delray Beach, FL
City & State



12192007 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

Zip
33446
Country
USA

Zip
33446
Country
USA

6. Name and Address of Current Registered Agent -

JONES, KENNETH M
1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Nelson L. McPherson, Sr.
Street Address (P.O. Box Number is Not Acceptable)
6512 Sunridge Dr.
City
Riverview
FL
Zip Code
33578

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 Nelson L. McPherson Sr. NELSON L. McPHERSON SR. 12/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PR
SCHLEUBER, CATHY LYNN
STREET ADDRESS
1597 NW 15 AVE
CITY-ST-ZIP
HOMESTAED, FL 33030 ☒ Delete

TITLE
NAME
VP
HAMPTON, WARREN
STREET ADDRESS
1597 NW 15 AVE
CITY-ST-ZIP
HOMESTEAD, FL 33030 ☐ Delete

TITLE
NAME
DR
SCHLEUBER, CATHY LYNN
STREET ADDRESS
1597 NW 15 AVE
CITY-ST-ZIP
HOMESTEAD, FL 33030 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PR
Nelson L. McPherson, Sr.
STREET ADDRESS
15051 Lyons Rd.
CITY-ST-ZIP
Delray Beach, FL 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300113744333
01/04/08--01009--021 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Nelson L. McPherson
15051 Lyons Rd.
Delray Beach, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Secretary
Joanne McPherson
15051 Lyons Rd.
Delray Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Treasurer
Joanne McPherson
15051 Lyons Rd.
Delray Beach, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Nelson L. McPherson Sr. NELSON L. McPHERSON SR. 12/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

561-638 8686
Daytime Phone #