


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 014 ***158.75

DOCUMENT # P06000128611

1. Entity Name
PRECISION PROCESSING ENTERPRISES OF SW FL INC




Principal Place of Business Mailing Address
19682 EAGLE TRACE COURT **19682 EAGLE TRACE COURT**
NORTH FORT MYERS, FL 33903 **NORTH FORT MYERS, FL 33903**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3800 AGUALINDA BLVD **3800 AGUALINDA BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 204 **UNIT 204**

City & State City & State
CAPE CORAL, FL **CAPE CORAL FL**

Zip Country Zip Country
33914 **LEE** **33914** **LEE**

40054313



01122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-5675090 Not Applicable

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

6. Name and Address of Current Registered Agent
VASILE, DEBORAH
19682 EAGLE TRACE COURT
NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent
 Name **DEBORAH A. VASILE**
 Street Address (P.O. Box Number is Not Acceptable)
3800 AGUALINDA BLVD. #204
 City **CAPE CORAL** FL Zip Code **33914**

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: *Deborah A. Vasile* DATE: 3-6-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VASILE, DEBORAH 19682 EAGLE TRACE COURT NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VASILE, DEBORAH A. 3800 AGUALINDA BLVD. #204 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Deborah A. Vasile* DATE: 3-6-07 DAYTIME PHONE: 239-217-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #