

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136628

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: PRECISION MOWER AND EQUIPMENT REPAIR, INC.

## Current Principal Place of Business:

5441 LEE ST #5  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

5441 LEE ST #3  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

5441 LEE ST #5  
LEHIGH ACRES, FL 33971

## New Mailing Address:

5441 LEE ST #3  
LEHIGH ACRES, FL 33971

FEI Number: 20-8531443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMEZ, FABIAN SR.  
5441 LEE ST #5  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

GAMEZ, FABIAN SR.  
5441 LEE ST #3  
LEHIGH ACRES, FL 33971 US

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.

SIGNATURE: FABIAN GAMEZ

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAMEZ, JOEL SR.  
Address: 541 LEE ST #5  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP ( ) Delete  
Name: GAMEZ, FABIAN SR  
Address: 5441 LEE ST #5  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGR ( ) Delete  
Name: PINEDA, JAVIER  
Address: 5441 LEE ST #5  
City-St-Zip: LEHIGH ACRES, FL 33971

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAMEZ, JOEL SR.  
Address: 541 LEE ST #3  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change ( ) Addition  
Name: GAMEZ, FABIAN SR  
Address: 5441 LEE ST #3  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGR (X) Change ( ) Addition  
Name: PINEDA, JAVIER  
Address: 5441 LEE ST #3  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN GAMEZ

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date