


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90019 024 \*\*\*158.75

<b>DOCUMENT # P07000085141</b> 1. Entity Name <b>PRECISION PERFORMANCE MACHINERY, INC.</b>					
Principal Place of Business <b>9347 DENTON AVE. HUDSON, FL 34667</b>			Mailing Address <b>9347 DENTON AVE. HUDSON, FL 34667</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9020 LIDO LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PORT RICHEY, FL</b>		4. FEI Number <b>26-0599824</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34668</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WYATT, TIMOTHY H 9020 LIDO LANE PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u>Timothy H. Wyatt</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>WYATT, TIMOTHY H</b> STREET ADDRESS <b>9020 LIDO LANE</b> CITY - ST - ZIP <b>PORT RICHEY, FL 34668</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VP WYATT, TIMOTHY H</b> STREET ADDRESS _____ CITY - ST - ZIP _____		
TITLE <input type="checkbox"/> Delete NAME <b>VP MOORE, ELIZABETH F</b> STREET ADDRESS <b>9020 LIDO LANE</b> CITY - ST - ZIP <b>PORT RICHEY, FL 34668</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PRESIDENT MOORE, ELIZABETH F</b> STREET ADDRESS _____ CITY - ST - ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		
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: <u>Timothy H. Wyatt</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					