2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095730

Entity Name: PRECISION SERVICES OF CENTRAL FLORIDA INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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22803 WILLOW LAKES DR. LUTZ, FL 33558 US

Current Mailing Address: New Mailing Address:

22803 WILLOW LAKES DR. LUTZ, FL 33558 US

FEI Number: 26-3660279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWE, LORIE MOORE, PAUL W
15109 SE 73RD AVENUE 22803 WILLOW LAKES DR
SUMMERFIELD, FL 34491 US LUTZ, FL 33558 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: PAUL W. MOORE 02/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 REBIS, RAY
 Name:
 REBIS, RAYMOND T

 Address:
 P.O. BOX 950060
 Address:
 22803 WILL OW LAKES DR

 Address:
 P.O. BOX 950060
 Address:
 22803 WILLOW LAKES DR

 City-St-Zip:
 LAKE MARY, FL 32795 US
 City-St-Zip:
 LUTZ, FL 33558 US

Title: VP (X) Delete Title: () Change () Addition Name: LOWE, DONALD J Name:

Address: 15109 SE 73RD AVENUE Address: City-St-Zip: SUMMERFIELD, FL 34491 US City-St-Zip:

Title: SECT () Delete Title: SECT (X) Change () Addition

Name: REBIS, PAMELA Name: REBIS, PAMELA

 Address:
 P.O. BOX 950060
 Address:
 22803 WILLOW LAKES DR

 City-St-Zip:
 LAKE MARY, FL 32795 US
 City-St-Zip:
 LUTZ, FL 33558 US

Title: TREA (X) Delete Title: () Change () Addition

 Name:
 LOWE, LORIE
 Name:

 Address:
 15109 SE 73RD AVENUE
 Address:

 City-St-Zip:
 SUMMERFIELD, FL 34491 US
 City-St-Zip:

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: RAYMOND T REBIS PRES 02/25/2009