

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90399 015 ***150.00

DOCUMENT # P36069

1. Entity Name

PRECISION SPORTS SURFACES, INC.



Principal Place of Business

3325 LOBBAN PLACE
CHARLOTTESVILLE, VA 22903 US

Mailing Address

P. O. BOX 55
CHARLOTTESVILLE, VA 33902-0055 US

50039036



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number

54-1422794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HORD, R. ANDERSON, III
STREET ADDRESS	109 CAVALIER DRIVE
CITY-ST-ZIP	CHARLOTTESVILLE, VA
TITLE	T
NAME	HORD, R. ANDERSON, III
STREET ADDRESS	109 CAVALIER DRIVE
CITY-ST-ZIP	CHARLOTTESVILLE, VA
TITLE	VSD
NAME	HORD, LINDA H.
STREET ADDRESS	109 CAVALIER DRIVE
CITY-ST-ZIP	CHARLOTTESVILLE, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. Hord III

4/4/05

434 971 9628

Date

Daytime Phone #