## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2008 08:00 AM ate

ANNOAL REPORT					_ * Q			
DOCUMENT # P93000087030  1. Entity Name PRECISION TACKLE, INC.				i	Secretary	oi Sta		
343 ALMERI	ce of Business IA AVENUE LES, FL 33134	Mailing Address P.O. BOX 709 MONTGOMERY, TX 77356			8   1   16		<b>720</b> ( 11 ( <b>62</b> )	
DO NOT WRITE IN THIS SPACE			CE	04192008 4. FEI Numb 59-317	No Chg-P	}	plied For t Applicable ttional	
6. Name and Addross of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD 343 ALMERIA AVENUE CORAL GABLES, FL 33134					NOT W			
. 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.								
FIL After M	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Etection Campaign Final	nd Agent signature require	.00 May Be led to Fees	,	DATE	•	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ————————————————————————————————————	RECTORS			00000 05/20/08	0926856 -80084-001 15	0.00	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY CT. 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.

SIGNING SPFICER OR DIRECTOR

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