

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90247 045 \*\*\*158.75

**DOCUMENT # P94000041657**

1. Entity Name  
**GEM PRECISION DESIGN CO., INC.**



Principal Place of Business  
% 247 SE MIZNER BLVD.  
BOCA RATON, FL 33432

Mailing Address  
% 247 SE MIZNER BLVD.  
BOCA RATON, FL 33432

2. Principal Place of Business  
**2621 N. FEDERAL HWY**  
Suite, Apt. #, etc.  
**SUITE E**

3. Mailing Address  
**7080 N.W. 2ND TERRACE**  
Suite, Apt. #, etc.

City & State  
**BOCA RATON FLORIDA**  
Zip  
**33431**  
Country  
**USA**

City & State  
**BOCA RATON FLORIDA**  
Zip  
**33487**  
Country  
**USA**

04192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0502317**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEATHERMAN, WARD F**  
**241 NORTH COUNTRY CLUB BOULEVARD**  
**BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

Name  
**WEATHERMAN, WARD F.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7080 NW 2ND TERRACE**  
City  
**BOCA RATON** **FL** Zip Code  
**33487**

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 **WARD F. WEATHERMAN CFO** **04/19/04**  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEATHERMAN, MICHELLE		NAME	WEATHERMAN, WARD F.	
STREET ADDRESS	7080 NW 2ND TERRACE		STREET ADDRESS	7080 NW 2ND TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

04/19/04

561-305-9980