

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91049 032 \*\*\*150.00

**DOCUMENT # P95000025691**

1. Entity Name

PRECISION PILING, INC.



Principal Place of Business

1757 SAN MARCO ROAD  
MARCO ISLAND FL 34145  
US

Mailing Address

P.O. BOX 71  
MARCO ISLAND FL 34146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, J L  
1757 SAN MARCO ROAD  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LITTLE, J L  
STREET ADDRESS 8757 CEDAR HAMMOCK BLVD  
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☐ Delete  
NAME OKNEY, KENNETH J  
STREET ADDRESS 1885 OAKS BLVD.  
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☐ Delete  
NAME ALLEN, JAMES D JR.  
STREET ADDRESS 9655 GULFSHORE DR., UNIT 205  
CITY-ST-ZIP NAPLES FL 34108

TITLE VP ☒ Delete  
NAME BRUSCINI, ANDREW J  
STREET ADDRESS 2796 CATHERINE STREET  
CITY-ST-ZIP NAPLES FL 34112

TITLE ST ☐ Delete  
NAME LEIPERTZ, DOUGLAS  
STREET ADDRESS 787 APPLE CT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ST DOUGLAS LEIPERTZ  
STREET ADDRESS 638 N. BARFIELD DR.  
CITY-ST-ZIP MARCO ISLAND, FL. 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*J. Lee Little*

J. LEE LITTLE

4-22-04

239-389-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #