


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000014346 1. Entity Name PRECISE IMAGE, INC.	
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Principal Place of Business 4063 8TH AVENUE SOUTH ST PETERSBURG, FL 33711 US	Mailing Address 4063 8TH AVENUE SOUTH ST PETERSBURG, FL 33711 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3357706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATCH, MARILYN M 4063 EIGHTH AVENUE SOUTH SAINT PETERSBURG, FL 33711
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PATCH, MARILYN M 4063 EIGHTH AVENUE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS PATCH, MARILYN M 4063 8TH AVENUE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PATCH, GARY 4063 EIGHTH AVENUE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PHILLIPS, GARY 4063 EIGHTH AVENUE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000185078
01/20/05-80051-013 150.00

000000185078
01/20/05-80051-014 8.75

**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)(f), 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: Marilyn Patch **MARILYN PATCH** 1/11/05 727-327-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #