2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90013 050 ***150.00

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1. Entity Name
PRECISION MACHINED ENGINES, INC.

Principal Place of Business	Mailing Address
1412 WHITE LAKE DRIVE INVERNESS, FL 34453	502 TURNER CAMP ROAD INVERNESS, FL 34450

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	221 W. MAIN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE C
City & State	City & State INVERNESS FL
Zip / Country	Zip 34450 / Country USA

4. FEI Number 59-3391062 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUGGS, RICK A
502 TURNER CAMP ROAD
INVERNESS, FL 34450

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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P SUGGS, RICK A 502 TURNER CAMP ROAD INVERNESS, FL 34450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rick A. Suggs 03/29/05 (352) 726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RICK A. SUGGS