




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90005 019 ***150.00

DOCUMENT # P96000060939					
1. Entity Name PRECISION STANDARDS INTERNATIONAL OF ST. AUGUSTINE, INC.					
Principal Place of Business 11337 DISTRIBUTION AVE WEST JACKSONVILLE, FL 32256 US			Mailing Address 11337 DISTRIBUTION AVE WEST JACKSONVILLE, FL 32256 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 59-3388717	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, CHARLES L 11337 DISTRIBUTION AVE W JACKSONVILLE, FL 32256			Name Michael C Moore Street Address (P.O. Box Number is Not Acceptable) 11337 Distribution Ave. W City Jacksonville FL Zip Code 32256		
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: 			Michael C Moore 6-13-06		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			<small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MOORE, CHARLES STREET ADDRESS 11337 DISTRIBUTION AVE W CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE P NAME Gibbs, Eric J STREET ADDRESS 10323 Sequoya Drive CITY-ST-ZIP Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MOORE, LEONARD F STREET ADDRESS 11337 DISTRIBUTION AVE W CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE VP NAME moore, Michael C STREET ADDRESS 1004 Larkspur Loop CITY-ST-ZIP Jacksonville, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VP NAME Graham, Leonard F STREET ADDRESS 9047 San Jose Blvd #106 CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE T NAME moore, David A STREET ADDRESS 2906 Scott Mill Lane CITY-ST-ZIP Jacksonville, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE S NAME Gibbs, Athena M STREET ADDRESS 10323 Sequoya Drive CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Michael C. Moore 6-13-06 904-288-0007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		