

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060939

FILED
Mar 27, 2009
Secretary of State

Entity Name: PRECISION STANDARDS INTERNATIONAL OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

11337 DISTRIBUTION AVE WEST
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

11337 DISTRIBUTION AVE WEST
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3388717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MICHAEL C
11337 DISTRIBUTION AVE W
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MOORE, MICHAEL C
Address: 1004 LARKSPUR LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: MOORE, DAVID A
Address: 2906 SCOTT MILL LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: MOORE, ANGELA C
Address: 1004 LARSPUR LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: GIBBS, ERIC J
Address: 10323 SEQUOYA DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MOORE, MICHAEL C
Address: 4409 NORTH PENNYCRESS PLACE
City-St-Zip: SAINT JOHNS, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MOORE, ANGELA C
Address: 4409 NORTH PENNYCRESS PLACE
City-St-Zip: SAINT JOHNS, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA C. MOORE

S

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date