## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000067911

1. Entity Name

PRECISION PETROLEUM, INC.



FILED Feb 04, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6195 90TH AVE N PINELLAS PARK, FL 33782 PO BOX 3191

PINELLAS PARK, FL 33780



## DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3396330 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDLIE, KEVIN E 6195 90TH AVE. N. PINELLAS PARK, FL 34665

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registered agent, or be	oth, in the State of Florida I am familiar with, and accept
SIGNATURE_				· ',
	Signature, typed or printed name of registered agent and title it	applicable (NOTE. Registere	d Agent signature required when reinstating)	U000008 <b>1196</b> 0
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.	scing - \$5.00 May Be Added to Fees	02/12/08-80026-022 150.00
10.	OFFICERS AND DIREC	TORS	The state of the s	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEDLIĖ, KEVIN 6195 90 AVE. N. PINELLAS PARK, FL			
TITLE	VP			
NAME	LEDLIE, KEN			, ,
STREET ADDRESS	4007 118TH AVE. NORTH			
CITY-ST-ZIP	CLEARWATER, FL 33762		Section 1	
1/11/6				
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12. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08

1/31/08

Daytime Phone #