

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000074502

1. Entity Name
PRECISION REAL PROPERTY, INC.



Principal Place of Business
**5260 EAGLE TRAIL DRIVE
SUITE 200
TAMPA, FL 33634**

Mailing Address
**5260 EAGLE TRAIL DRIVE
SUITE 200
TAMPA, FL 33634**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3402825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LETANG, DARREN A
5260 EAGLE TRAIL DR
200
TAMPA, FL 33634**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, ROBERT R
STREET ADDRESS	1148 ROEHETER RD
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	ANDERSON, CHRISTINE M
STREET ADDRESS	1148 ROEHETER RD
CITY-ST-ZIP	TROY, MI 48083
TITLE	D
NAME	LETANG, DARREN
STREET ADDRESS	5260 EAGLE TRAIL DR # 200
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/08-80012-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 those empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 813-286-4767

Date

Daytime Phone #