

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000086053

Entity Name: PRECISE DATA SYSTEMS, INC.

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

COUNTY RD 14  
POST BOX 618  
SHADY GROVE, FL 32357

## **New Principal Place of Business:**

4205 IRA L SMITH ROAD  
SHADY GROVE, FL 32357

## **Current Mailing Address:**

COUNTY RD 14  
POST BOX 618  
SHADY GROVE, FL 32357

## **New Mailing Address:**

P O BOX 659  
SHADY GROVE, FL 32357

FEI Number: 59-3410169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BIRD, T BUCKINGTON  
220 SOUTH CHERRY ST  
MONTICELLO, FL 32344 US

## **Name and Address of New Registered Agent:**

ROWELL, PATRICIA E  
4205 IRA L SMITH ROAD  
SHADY GROVE, FL 32357 US

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: PATRICIA E ROWELL

04/21/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ZORN, DARLA R  
Address: 6938 MACKIN LANE  
City-St-Zip: KNOXVILLE, TN 37931

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: ROWELL, PATRICIA E  
Address: 4205 IRA L SMITH ROAD  
City-St-Zip: SHADY GROVE, FL 32357

Title: PD ( ) Change (X) Addition  
Name: ROWELL, WILLIAM A  
Address: 4205 IRA L SMITH ROAD  
City-St-Zip: SHADY GROVE, FL 32357

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA E ROWELL

STD

04/21/2006

Electronic Signature of Signing Officer or Director

Date