

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000093942

1. Entity Name
PRECIOUS COLLECTIONS, INC.



Principal Place of Business
**PRECIOUS COLLECTIONS, INC.
4000 RIOMAR DR
ROCKLEDGE, FL 32955**

Mailing Address
**PRECIOUS COLLECTIONS, INC.
4000 RIOMAR DR
ROCKLEDGE, FL 32955**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421300

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYS, WILLIAM R
8810 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920**

**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

William R. Mays

4/21/06

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, 2006 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	MAYS, WILLIAM R
STREET ADDRESS	8810 ASTRONAUT BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	O'DANIEL, BERTHET E
STREET ADDRESS	8810 ASTRONAUT BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	AS
NAME	MORIAN, JERRY J
STREET ADDRESS	4000 RIOMAR DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531008
05/06/06-80019-014 150.00

**DO NOT WRITE
IN THIS SPACE**

U00000531008
05/06/06-80019-015 8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Mays

Date

Daytime Phone #

4/21/06

783-2400