

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000029972**

**1. Entity Name  
PRECISION GRADALL INC.**



**Principal Place of Business  
4571 126TH DR N  
WEST PALM BEACH, FL 33411**

**Mailing Address  
4571 126TH DR N  
WEST PALM BEACH, FL 33411**



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0741341** **Applied For**  
**5. Certificate of Status Desired** ☐ **Not Applicable**  
**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORUM, WILLIAM  
4571 126TH DR N  
WEST PALM BEACH, FL 33411**

**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 reinstalling)

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**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>PD CORUM, WILLIAM 4571 126TH DR N WEST PALM BEACH, FL 33411</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>VS CORUM, KAREN 4571 126TH DR N WPB, FL 33411</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

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01/11/06-80073-007 150.00

**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 like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

*Karen Corum Karen Corum* *1-9-06* *561-6791-173*

*561-644-01*