


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000032519	
1. Entity Name VERTEX PRECISION, INC.	

Principal Place of Business 714 SE COAST STREET LAKE WORTH, FL 33460	Mailing Address POST OFFICE BOX 1320 LAKE WORTH, FL 33460
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0741975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TETZLAFF, HEIDI
714 SE COAST STREET
LAKE WORTH, FL 33460**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PT	TETZLAFF, HEIDI R
NAME	
STREET ADDRESS	714 S.E. COAST ST.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE VP	MILLER, KENNETH J
NAME	
STREET ADDRESS	714 S.E. COAST STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE S	LANDENBERGER, FRED
NAME	
STREET ADDRESS	714 SE COAST STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE D	TETZLAFF, PETER M
NAME	
STREET ADDRESS	714 SE COAST STREET
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **1-13-2006** **601-542-6711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #