


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90009 030 ***150.00

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
--	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
07152008 Chg-P	CR2E034 (12/06)
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	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

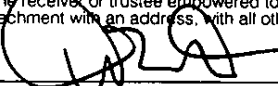
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETZLAFF, HEIDI R	NAME	
STREET ADDRESS	714 S.E. COAST ST.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KENNETH J	NAME	
STREET ADDRESS	714 S.E. COAST STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDENBERGER, FRED	NAME	
STREET ADDRESS	714 SE COAST STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETZLAFF, PETER M	NAME	
STREET ADDRESS	714 SE COAST STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33460	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Heidi R. Tetzlaff** **President** **7-12-2008** **561-543-6171**

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