


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 007 ***150.00

DOCUMENT # P97000071591	
1. Entity Name PRECISION SOFTWARE CONSULTING SERVICES, INC.	

Principal Place of Business 1837 SUMMER GREEN DRIVE PORT ORANGE, FL 32128-7158	Mailing Address P.O. BOX 291994 PORT ORANGE, FL 32129-1994
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14009244

2. Principal Place of Business 1010 N. Swallowtail Dr Suite, Apt. #, etc. Apt. #105 City & State Port Orange, FL Zip 32129	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3474969	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 PIERSON, ERNEST W JR 1837 SUMMER GREEN DRIVE PORT ORANGE, FL 32124-7158	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1010 N. Swallowtail Drive, Apt. 105 City Port Orange FL Zip Code 32129	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PIERSON, ERNEST W JR 1837 SUMMER GREEN DRIVE PORT ORANGE, FL 321287158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1010 N. Swallowtail Drive, Apt 105 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4-23-2005	386/322-1784
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>