

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000071591

1. Entity Name
PRECISION SOFTWARE CONSULTING SERVICES, INC.



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

04-29-2005 90248 007 ***150.00

14009244



04072005 Chg-P CR2E034 (10/03)

Principal Place of Business
1837 SUMMER GREEN DRIVE
PORT ORANGE, FL 32128-7158

Mailing Address
P.O. BOX 291994
PORT ORANGE, FL 32129-1994

2. Principal Place of Business
1010 N. Swallowtail Dr

Suite, Apt. #, etc.
Apt. #105

3. Mailing Address

Suite, Apt. #, etc.

City & State
Port Orange, FL

City & State

Zip
32129

Zip

Country

4. FEI Number
59-3474969

Applied For
Not Applicable

5. Certificate of Status Desired **\$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

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

(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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
PIERSON, ERNEST W JR
1837 SUMMER GREEN DRIVE
PORT ORANGE, FL 321287158**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

**1010 N. Swallowtail Drive, Apt 105
Port Orange, FL 32129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2005

Date

386/322-1784
Daytime Phone #