

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000090781

1. Entity Name  
PRECISION HOMEBUILDERS, INC.



**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1572 W TOMMY ST  
PENSACOLA, FL 32534 US

Mailing Address  
1572 W TOMMY ST  
PENSACOLA, FL 32534 US



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3474183  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

JOHNSON, CHRISTOPHER R  
1574 W. TOMMY STREET  
PENSACOLA, FL 32534

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	JOHNSON, CHRISTOPHER R
STREET ADDRESS	1574 W TOMMY ST
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	VS
NAME	BURNS, REBECCA
STREET ADDRESS	1572 W TOMMY ST
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000150522  
05/04/04-80011-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Rebecca Burns* *Rebecca Burns* 4-30-04 850-476-3335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #