

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024331

Entity Name: PRECISION BEVELING INC

FILED
Jan 14, 2006
Secretary of State

Current Principal Place of Business:

1016 SE 12TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1016 SE 12TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0820395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COAN, SUSAN A
5324 SW 11TH AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

WALSH, LARISA
1016 SE 12TH AVE
CAPE CORAL, FL 33990 US

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.

SIGNATURE: LARISA WALSH

01/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COAN, SUSAN A
Address: 5324 SW 11TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: P () Delete
Name: COAN, ANDREW C
Address: 5324 SW 11TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: WALSH, ANTHONY
Address: 1435 NW 25 PL.
City-St-Zip: CAPE CORAL, FL 33993

Title: T () Delete
Name: WALSH, LARISA C
Address: 1435 NW 25 PL.
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARISA WALSH

MRS

01/14/2006

Electronic Signature of Signing Officer or Director

Date