

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90092 028 ***150.00

DOCUMENT # P98000087892

1. Entity Name

PRECISE SIGN COMPANY, INC.



Principal Place of Business

**442 E CAROLINE ST
TAVARES FL 32778**

Mailing Address

**541 EAST CAROLINE
TAVARES FL 32778**

2. Principal Place of Business

542 East Caroline
Suite, Apt. #, etc.

3. Mailing Address

542 E. Caroline
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tavares, FL

City & State

Tavares, FL

Zip

32778

Country

Zip

32778

Country

4. FEI Number

59-3539282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMMERS, GARY L
WILLIAMS, SMITH & SUMMERS, P.A.
380 W ALFRED STREET
TAVARES FL 32778-3298**

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D HIGGINS, WILLIAM EDWARD**
STREET ADDRESS **22 ARRON CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME **D CLARK, CHARLES BRITT II**
STREET ADDRESS **442 E CAROLINE ST**
CITY-ST-ZIP **TAVARES FL 32778** *542 E.*

TITLE ☐ Delete
NAME **D HORVATH, GIDGET**
STREET ADDRESS **442 E CAROLINE ST**
CITY-ST-ZIP **TAVARES FL 32778** *542 E.*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *542 East Caroline*
CITY-ST-ZIP *FL*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *542 East Caroline*
CITY-ST-ZIP *FL*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-26-04

343-7363