

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2006 8:00 am
Secretary of State

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000048729 1. Entity Name PRECISION SHEETMETAL, INC.					
Principal Place of Business 6829 NORTH MITCHELL CIRCLE TAMPA, FL 33634			Mailing Address P.O. BOX 260368 TAMPA, FL 33685		
2. Principal Place of Business P.O. Box 260368 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa FL		City & State		4. FEI Number 59-3579116	
Zip 33685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITEMORE, CARRIGAN, CHAVARRIA LLP 11282 W. HILLSBOROUGH AVENUE TAMPA, FL 33635			7. Name and Address of New Registered Agent Name: <u>TOM CARRIGAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>3910 NORTHOALE BLVD SUITE 100</u> City: <u>TAMPA</u> FL Zip Code: <u>33604</u>		
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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
FILE NOW!!! FEE IS \$150.00-- After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ANGEL P.O. BOX 260368 TAMPA, FL 33685		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINAS, VICTORIA P.O. BOX 260368 TAMPA, FL 33685		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Victoria Vinas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-17-06</u> (813) 892-9072 <small>Date Daytime Phone #</small>		