

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90033 028 ***150.00

DOCUMENT # P99000099731

1. Entity Name
PRECISION PACKAGING, INC.



Principal Place of Business
7501 W. OAKLAND PARK BLVD.
STE. 303
FT. LAUDERDALE, FL 33319

Mailing Address
7501 W. OAKLAND PARK BLVD.
STE. 303
FT. LAUDERDALE, FL 33319

54006523



2. Principal Place of Business
10308 W McNAB RD
Suite, Apt. #, etc.

3. Mailing Address
10308 W McNAB RD
Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State
TAMARAC, FL
Zip
33321
Country
BROWARD

City & State
TAMARAC, FL
Zip
33321
Country
BROWARD

4. FEI Number
65-0962249
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORLISS, BRADLY
7501 W. OAKLAND PARK BLVD. 10308 W McNAB RD
SUITE 303
FORT LAUDERDALE, FL 33319 TAMARAC, FL 33321

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

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 | D CORLISS, BRADLY 7501 W. OAKLAND PARK BLVD., SUITE 303 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CORLISS, BRADLEY 7501 W. OAKLAND PARK BLVD., SUITE 303 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 10308 W McNAB RD TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition BRADLY, CORLISS 10308 W McNAB RD TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Bradly CorliSS BRADLY CORLISS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04
Date Daytime Phone #