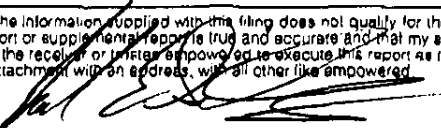


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S22042 1. Entity Name PRECISION METER REPAIR, INC.			
Principal Place of Business 4410 AIRPORT RD. PLANT CITY, FL 33567		Mailing Address 4410 AIRPORT RD. PLANT CITY, FL 33567	
DO NOT WRITE IN THIS SPACE			
		D1142008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3041839	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWILLEY, RONALD E. 4410 AIRPOR RD. PLANT CITY, FL 33567		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 use if applicable (NOTE: Registered agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000888038 04/21/08-80044 010 150.00	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SWILLEY, RONALD E 4410 AIRPORT RD. PLANT CITY, FL 33567		
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DO NOT WRITE IN THIS SPACE			
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: 		4/7/08 83-52-4953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	