## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	MENT # S88596			}	Scciciai	y of State
1. Entity Nam PRECISION INCORPO	ON LANDSCAPE MANAGE	EMENT,				
P 0 B0X 40	te of Business 8 IE, FL 34786 US	Mailing Address P O BOX 408 WINDERMERE, FL 34788	i US	אר מעופו (או מוסיומיות ו	ניפות וופנע נווע פונטו פונטו פונים	M1881
DO NOT WRITE IN THIS SPA			NCE	02072006 No	Chg-P CR2	E034 (11/05)
<b>_</b>	O NOT WINTE	"THE LING OF	ACT.	4. FEI Number 59-3089782		Applied For Not Applicable
		•		5. Certificate of Stat	us Desired 🔲	\$8.75 Additional Fee Regulred
	6. Name and Address of Current	Registered Agent			/ * ** - J-A	
TUCCIO, I	DAVID M LOW BRICK RD			DO NO	T WRIT	Έ
	RE, FL 34786	•	·	IN TH	S SPAC	Ė
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8. The above	named entity submits this statement for	or the purpose of changing its re-	gistered office or registe	red agent, or both, in th	e State of Florida. 1 a	m lamiliar with, and accept
SIGNATURE.						
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: 9:	egistered Agent signature require	d when reinstating)	OATE	
Fil After M	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	Selection Campaign     Trust Fund Contrib	Financing \$5	d when reinstating)  i.00 May 8a ded to Fees	7AQ	
FiL	Signature, typed or printed name of registered agent	Selection Campaign     Trust Fund Contrib	Financing \$5	.00 May Be	CAR	
After M.  10. IIILE NAME STREET ADDRESS	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.  OFFICERS AND  DP  TUCCIO, DAVID M.  2131 WILLOW BRICK RD.	Selection Campaign     Trust Fund Contrib	Financing \$5	.00 May Be		· · · · ·
After M.  10.  IIILE NAME STREET ADDRESS GITY-ST-ZIP	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.  OFFICERS AND  DP  TUCCIO, DAVID M.	Selection Campaign     Trust Fund Contrib	Financing \$5	.00 May Be	CAR	
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12. I hereby certify that the information supplied with this filling 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 calls; that if 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: