


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90011 049 \*\*\*150.00

<b>DOCUMENT # V68448</b>	
1. Entity Name PRECISION EAR MOLD LABORATORIES, INC.	

Principal Place of Business 830 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 830 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE IN THIS SPACE**

2.

66425385



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1353206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LASSITER, WILLIAM V 6031 SPRING CREEK CT MT DORA, FL 32757
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**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 William V. Lassiter DATE 5/27/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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	P LASSITER, WILLIAM V 1525 W LAKE MARY BLVD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASSITER, DONNA 1525 E LAKE MARY BLVD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, KIM A 185 OVERBROOK DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASSITER, WILLIAM E 644 HEATHER BRITE CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERRANO, FRANK 417 SHELBY CT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 William V. Lassiter William V. Lassiter DATE 5/27/04 DAYTIME PHONE # 800-329-4792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR