

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V68448**

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



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1353206  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LASSITER, WILLIAM V  
6031 SPRING CREEK CT  
MT DORA, FL 32757

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000222879  
02/10/05-80021-022 150.00

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME LASSITER, WILLIAM V  
STREET ADDRESS 1525 W LAKE MARY BLVD  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE V  
NAME LASSITER, DONNA  
STREET ADDRESS 1525 E LAKE MARY BLVD  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE V  
NAME FISHER, KIM A  
STREET ADDRESS 185 OVERBROOK DRIVE  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE V  
NAME LASSITER, WILLIAM E  
STREET ADDRESS 644 HEATHER BRITE CIRCLE  
CITY-ST-ZIP APOPKA, FL 32712

TITLE V  
NAME SERRANO, FRANK  
STREET ADDRESS 417 SHELBY CT  
CITY-ST-ZIP 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:

*Donna Lassiter*

DONNA LASSITER

2/8/05 407-774-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #