

**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
---	---

DO NOT WRITE IN THIS SPACE



01262005 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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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: Donna Lassiter DONNA LASSITER 2/8/05 407-774-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #