


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		
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: <u>William V. Lassiter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/18/06</u> <u>407-774-8622</u> <small>Date Daytime Phone #</small>



01162006 No Chg-P CR2E034 (11/05)

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

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01/24/06-80069-004 150.00