

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 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**



03062007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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03/26/07-80026-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #