

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68448

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: PRECISION EAR MOLD LABORATORIES, INC.

## Current Principal Place of Business:

830 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

830 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3153206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LASSITER, WILLIAM V  
2164 PALM CREST DR.  
APOPKA, FL 32712 US

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.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LASSITER, WILLIAM V  
Address: 1525 W LAKE MARY BLVD  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: LASSITER, DONNA  
Address: 1525 E LAKE MARY BLVD  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: LASSITER, WILLIAM E  
Address: 644 HEATHER BRITE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: SERRANO, FRANK  
Address: 417 SHELBY CT  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LASSITER, WILLIAM V  
Address: 2164 PALM CREST DR.  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SERRANO, FRANK  
Address: 3660 ROCHELLE LN.  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA G. LASSITER

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date