

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90081 026 \*\*\*150.00

**DOCUMENT # V73268**

1. Entity Name

**MYER PRECISION SALES AND SERVICE, INC**



Principal Place of Business

111 BUTTERNUT LN  
LONGWOOD FL 32779  
US

Mailing Address

P. O. BOX 915326  
LONGWOOD FL 32791  
US

2. Principal Place of Business

101 SWEET BAY LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

32779

Country

US

Country

4. FEI Number

65-0367125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYER, GREGORY G.  
111 BUTTERNUT LANE  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **GREGORY G. MYER**

Street Address (P.O. Box Number is Not Acceptable)

101 SWEET BAY LANE

City **LONGWOOD**

FL

Zip Code

32779

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

*Gregory G. Myer* **GREGORY G. MYER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PV** ☐ Delete  
NAME **MYER, GEOGORY C**  
STREET ADDRESS **111 BUTTERNUT LANE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **ST** ☐ Delete  
NAME **SEARCY, DAVID**  
STREET ADDRESS **1400 LUCERNE LOOP RD NE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gregory G. Myer* **GREGORY G. MYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

Date

4077748893

Daytime Phone #