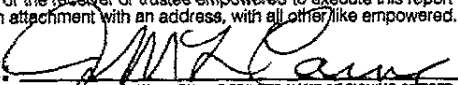


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000083619 1. Entity Name PRIMETAX SE/SW INC.				
Principal Place of Business 5440 BEAUMONT CENTER BD #445 TAMPA, FL 33634		Mailing Address 5440 BEAUMONT CENTER BD #445 TAMPA, FL 33634		
DO NOT WRITE IN THIS SPACE				
				 03112004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3277924		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRYE, SHEREE R. 5440 BEAUMONT CENTER BLVD. #445 TAMPA, FL 33634				
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		000000118168 04/19/04 00043-016 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGAN, KEVIN M 11611 USEPDA CT NAPLES, FL 34110			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, JOSEPH L 242 DEER RUN MEDIA, PA 19063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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)(f), 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		4/14/04 Date Daytime Phone #		