# 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 | Mailing Address |
|---|---|
| 5440 BEAUMONT CENTER BD<br>#445<br>TAMPA, FL 33634 | 5440 BEAUMONT CENTER BD<br>#445<br>TAMPA, FL 33634 |

**DO NOT WRITE IN THIS SPACE**

03112004 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
04/19/04-80043-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | DUGAN, KEVIN M |
| STREET ADDRESS | 11611 USEPDA CT |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | D |
| NAME | CARNEY, JOSEPH L |
| STREET ADDRESS | 242 DEER RUN |
| CITY-ST-ZIP | MEDIA, PA 19063 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #