

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 050 ***150.00

DOCUMENT # F04000002502



1. Entity Name
PRIMARY NEWS, INC.

Principal Place of Business
**2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE**

Mailing Address
**27500 RIVERVIEW CENTER BLVD., SUITE 400
BONITA SPRINGS, FL 34134**

40081173



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-1072114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
FLEGEL, JASON S
27500 RIVERVIEW CENTER BLVD., SUITE 400
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
BODE, JOHN
27500 RIVERVIEW CTR BLVD
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
FIERMAN, MARC
27500 RIVERVIEW CENTER BLVD., SUITE 400
BONITA SPRINGS, FL 34134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
BATES, DOUGLAS J
27500 RIVERVIEW CENTER BLVD., SUITE 400
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

DOUGLAS J. BATES

4/9/07

Date

(239) 949-4430

Daytime Phone #