

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90002 016 ***150.00

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1. Entity Name
PRIME SOURCE CONSTRUCTION, INC.



Principal Place of Business

**147 RANCH WAY DR
BURLESON, TX 76028**

Mailing Address

**147 RANCH WAY DR
BURLESON, TX 76028**

DO NOT WRITE IN THIS SPACE



05302008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0024920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASTRIANA & CHRISTIANSEN, P.A.
1500 N FEDERAL HWY STE 200
FT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOTY, THOMAS F III
STREET ADDRESS	400 E 14TH ST 147 RANCHWAY DR.
CITY-ST-ZIP	JOSHUA, TX 76058 BURLESON, TX 76028
TITLE	D
NAME	DOTY, MILDRED K
STREET ADDRESS	400 E 14TH ST 147 RANCHWAY DR.
CITY-ST-ZIP	JOSHUA, TX 76058 BURLESON, TX 76028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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

Date

Daytime Phone #

6-11-08 817-26-5000