

* Note

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90048 045 ***158.75

DOCUMENT # H89256

1. Entity Name
PRIMAC, INC.



Principal Place of Business

PRIMAL CORP
346 SW 57 AVE
OCALA, FL 32674 US

Mailing Address

~~3732 HARBOR DRIVE~~
~~SAINT AUGUSTINE, FL 32084 US~~
82 ISLAND ESTATES PARKWAY
PALM COAST, FL 32137



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677934

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRIOR, HUGH
~~3732 HARBOR DR~~ **82 ISLAND ESTATES PARKWAY**
~~SAINT AUGUSTINE, FL 32084~~ **PALM COAST FL 32137**

**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 **HUGH PRIOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Hugh Prior

2/19/04

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**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PRIOR, HUGH**
STREET ADDRESS ~~3732 HARBOR DR~~ **82 ISLAND ESTATES PARKWAY**
CITY-ST-ZIP ~~SAINT AUGUSTINE, FL 32084~~ **PALM COAST FL 32137**

TITLE **V**
NAME **MACDONALD, RICHARD**
STREET ADDRESS **9 SMITH FARM LANE**
CITY-ST-ZIP **LEXINGTON, MA 02421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh Prior

Date

2/19/04 *386-984-1547*

Daytime Phone #