

**- 2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90048 010 ***150.00

DOCUMENT # H99293

1. Entity Name

PRIME RESOURCES REALTY, INC.



Principal Place of Business

7501 KAYCEE CT
PORT SAINT LUCIE FL 34952

Mailing Address

POST OFFICE BOX 8932
PORT ST. LUCIE FL 34985

24032291



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2501 Kaycee CT
Suite, Apt. #, etc.

3. Mailing Address

PO Box 8932
Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

59-2649589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 N. MATGNOLIA AVE.
ORLANDO FL 32803

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NASSEF, GEORGE J
STREET ADDRESS P.O. BOX 8932
CITY-ST-ZIP PORT ST. LUCIE FL 34985

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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: George J. Nassey Pres/owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-335-0210