


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L58010 1. Entity Name PRIMERA DEVELOPMENT CORPORATION	
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Principal Place of Business C/O JOHN SCHNEEMAN 521 SILVERGATE LOOP LAKE MARY, FL 32746 US	Mailing Address C/O JOHN SCHNEEMAN 521 SILVERGATE LOOP LAKE MARY, FL 32746 US
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090910	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHNEEMAN, JONNA
521 SILVERGATE LOOP
LAKE MARY, FL 32746

**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
After May 1, 2005 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	PD SCHNEEMAN, JOHN 521 SILVERGATE LOOP LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHNEEMAN, GLORIA 521 SILVERGATE LOOP LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHNEEMAN, JONNA 40 VALLEYWOOD DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/02/05-80021-002 150.00

**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)(l), 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

GLORIA SCHNEEMAN, SEC.

3-2505 (407) 324-2312
Date Daytime Phone #