

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90399 048 ****61.25

DOCUMENT # N01000006238

1. Entity Name

PRIMAL CONNECTION, INC.



Principal Place of Business

9205 BRIDLE PATH
SEBRING FL 33875

Mailing Address

9205 BRIDLE PATH
SEBRING FL 33875

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Highlands

Zip

Country

4. FEI Number

65-1141270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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

Gail Leavitt, Treasurer

4/25/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LEAVITT, FRED
STREET ADDRESS 9205 BRIDLE PATH
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

TITLE VD
NAME MIRIANI, DENISE
STREET ADDRESS 5717 1ST AVENUE
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

TITLE STD
NAME LEAVITT, GAIL H
STREET ADDRESS 9205 BRIDLE PATH
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

TITLE D
NAME STRZELEWICZ, RICHARD
STREET ADDRESS 205 N. RIDGEWOOD DRIVE
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

TITLE D
NAME HARDT, MALKA
STREET ADDRESS 9207 BRIDLE PATH
CITY-ST-ZIP SEBRING FL 33875 ☐ Delete

TITLE *no title*
NAME *Donna Lee Hilden*
STREET ADDRESS *909 Detjens Dairy Rd*
CITY-ST-ZIP *Venus FL 33960* ☐ Delete

TITLE *no title*
NAME *Andy Stanford*
STREET ADDRESS *2006 Lakewood Dr.*
CITY-ST-ZIP *Sebring, FL 33872* ☐ Change ☐ Addition

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

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

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

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

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

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 617, 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:

Gail Leavitt

4/25/04

863 402 8239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #