

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045482

Entity Name: PRIME TIME MOLD, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

47 WAFFORD ST.
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 43-2064832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVILLE, JEANETTE L
2504 CHERRY BLOSSOM CT.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

HARVILLE, JEANETTE L
47 WAFFORD ST.
UMATILLA, FL 32784 US

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.

SIGNATURE: JEANETTE L. HARVILLE

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARVILLE, JEANETTE L
Address: 2504 CHERRY BLOSSOM CT.
City-St-Zip: EUSTIS, FL 32726

Title: VP () Delete
Name: HARVILLE, JAMES R
Address: 2504 CHERRY BLOSSOM CT.
City-St-Zip: EUSTIS, FL 32726

Title: ST () Delete
Name: LAWSON, DONALD R
Address: 2504 CHERRY BLOSSOM CT.
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: LAWSON, VIVIAM K
Address: 2504 CHERRY BLOSSOM CT.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARVILLE, JEANETTE L
Address: 47 WAFFORD ST.
City-St-Zip: UMATILLA, FL 32784

Title: VP (X) Change () Addition
Name: HARVILLE, JAMES R
Address: 47 WAFFORD ST.
City-St-Zip: UMATILLA, FL 32784

Title: ST (X) Change () Addition
Name: LAWSON, DONALD R
Address: 47 WAFFORD ST.
City-St-Zip: UMATILLA, FL 32784

Title: D (X) Change () Addition
Name: LAWSON, VIVIAM K
Address: 47 WAFFORD ST.
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. HARVILLE

VP

03/10/2005

Electronic Signature of Signing Officer or Director

Date