


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90239 002 \*\*\*158.75

|  |   |
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| <b>DOCUMENT # P00000059135</b>                       |  |
| 1. Entity Name<br><b>PRIMA TOOL &amp; MOLD, INC.</b> |   |

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| Principal Place of Business<br><b>5300 115TH AVENUE N<br/>CLEARWATER, FL 33760</b> | Mailing Address<br><b>5300 115TH AVENUE N<br/>CLEARWATER, FL 33760</b> |
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**14008799**



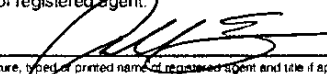
|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04152005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| INTRASTATE REGISTERED AGENT CORPORATION<br>701 BRICKELL AVENUE SUITE 3000<br>MIAMI, FL 33131 |  | Name<br><b>ARNOLD EICHHOF</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5300 115TH AVE N.</b><br>City <b>CLEARWATER</b> FL Zip Code <b>33760</b> |  |

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| 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    | DATE <b>4/28/05</b> |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EICHHOF, RAYMOND<br>7268 BRYCE POINT<br>PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>EICHHOF, RAYMOND<br>5898 116TH AVE N.<br>PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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. |  |
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|  |                     |                                   |
|--|---------------------|-----------------------------------|
| SIGNATURE:  | DATE <b>4/28/05</b> | DAYTIME PHONE <b>727-532-7040</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                     |                                   |