2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

DOCUMENT # P00000100468						FileD Feb 04, 2004 08:00 AM	
1. Entity Name PRIMCO, INC.							Secretary of State
						4	
Principal Place of Business Mailing Address							
94 DOLPHIN DR ST AUGUSTINE FL 32080 94 DOLPHIN DR ST AUGUSTINE FL 32080					080		
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2. Principal P	lace of Busin	ess	. 3. Mai	3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State			City & State				4. FEI Number 59-3678165 Applied For Not Applicab
Zip	Zip Countri		Zip Cou		Cour	ntry	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Ager					-	Name	7. Name and Address of New Registered Agent
GARCIA, MANUEL E							
94 DOLPHIN DR ST AUGUSTINE FL 32080						Street Address ((P.O. Box Number is Not Acceptable)
						City	Zip Code
8. The above named entity submits this statement for the purpose of changing its register						,	
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							
FILE NOW!!! FEE IS \$150.00							
After	r May 1, 200)4 Fee will be \$550	.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	(Payable IC	Florida Departmen	AND DIRECTO	PRS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTSD			Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS	GARCIA, N 94 DOLPHI				NAM STRE	re Eet address	U00000035384 02/06/04-80017-001 150.00
CITY-ST-ZIP	ST AUGUS	TINE FL 32080			. CITY	-ST-ZIP	02/06/04-80017-001 150.00
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l I	ertify that the	e information supplied	with this filina	does not qualify for		-ST-ZIP Imption stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify that the information
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.							
changed,	or on an alla	Carrient with act addre	os, with all oth	ici ilibe cintoowelea			7/1/21 PAIL 850 1215

7/1/04 904. 839. 6343
Date Dayting Phone #