

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90214 001 ***150.00

DOCUMENT # P01000009219

1. Entity Name

PRIMO EXPRESS SERVICES, INC.



Principal Place of Business

5707 S.E. ABSHIER BOULEVARD
BELLEVUE FL 34420

Mailing Address

6783 S.E. 89TH STREET
OCALA FL 34472

2. Principal Place of Business

4185 NW HWY. 40

3. Mailing Address

1522 SE 25TH ST.

Suite, Apt. #, etc.

SUITE - E

Suite, Apt. #, etc.

APT. A

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34482

Country

U.S.A.

Zip

34471

Country

U.S.A.



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3695114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALAVA, JAIME B
5707 S.E. ABSHIER BOULEVARD
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name ALAVA, JAIME B

Street Address (P.O. Box Number is Not Acceptable)

4185 NW HWY 40

SUITE-E

City

OCALA

FL

Zip Code

34482

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME ALAVA, JAIME B
STREET ADDRESS 5707 S.E. ABSHIER BOULEVARD
CITY-ST-ZIP BELLEVUE FL 34420

TITLE VS ☐ Delete
NAME ALAVA, MERCY
STREET ADDRESS 5707 SE ABSHIER BLVD
CITY-ST-ZIP BELLEVUE FL 34420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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.

SIGNATURE:

[Signature]

JAIME B. ALAVA

04-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #