

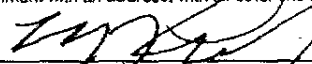


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000082491</b> 1. Entity Name PRIMARC, INC.			
Principal Place of Business 2164-2 GILMORE ST. JACKSONVILLE, FL 32204		Mailing Address 2164-2 GILMORE ST. JACKSONVILLE, FL 32204	
<b>DO NOT WRITE IN THIS SPACE</b>			
		05012004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3752000	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LUMB, ROBIN T 2164-2 GILMORE ST. JACKSONVILLE, FL 32204		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000153923 05/04/04-80144-015 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUMB, ROBIN 2164-1 GILMORE ST. JACKSONVILLE, FL 32204		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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.			
<b>SIGNATURE:</b>  <b>ROBIN LUMB - PRESIDENT 4-28-04 (904) 610-8811</b>		Date _____ Daytime Phone # _____	