


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90017 011 \*\*\*150.00

DOCUMENT # P01000120327

1. Entity Name  
Primm n Proper, Inc



**DO NOT WRITE IN THIS SPACE**

94018685

2. Principal Place of Business  
1307 SE 18 Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Cape Coral, FL

City & State

Zip  
33990

Country  
Lee

Zip

Country

4. FEI Number  
651159731

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Mark Primm

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

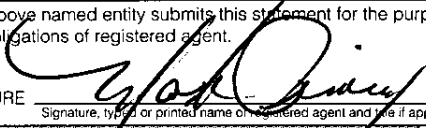
1307 SE 18 Terrace

City  
Cape Coral

FL

Zip Code  
33990

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 2-18-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

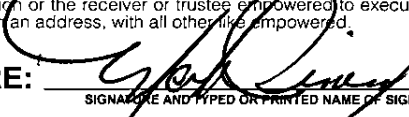
January 1 / May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Mark Primm 1307 SE 18 Ter Cape Coral, FL 33990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Mark Primm, President 2-18-04 239-462-2060

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)