2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000120327

1. Entity Name
PRIMM N. PROPER, INC.

Principal Place of Business	Mailing Address
1307 SE 18TH TERRACE CAPE CORAL, FL 33990	1307 SE 18TH TERRACE CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

01262007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1159731	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRIMM, MARK
1307 SE 18 TERR
CAPE CORAL, FL 33990

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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_____
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	PRIMM, MARK
STREET ADDRESS	1307 SE 18TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/07-80009-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____Mark Primm_____   2-1-07   239-463-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #