2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047724

1. Entity Name PRIMARY REALTY, INC.



FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

780 DELTONA BLVD SUITE 101 DELTONA, FL 32725 Mailing Address

780 DELTONA BLVD SUITE 101 DELTONA, FL 32725



DO NOT WRITE IN THIS SPACE

01072007 No Chg-P C

CR2E034 (11/05)

4. FEI Number 36-4530883 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLE, DUAINE R 993 ALLADIN DR DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or i	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLE, DUAINE R 993 ALLADIN DR DELTONA, FL 32725				U00000584570 01/12/07-80042-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/12/01-00042-025 130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Daytime Phone #