

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 041 ***150.00

DOCUMENT # P03000075820

1. Entity Name
PRIME MOVERS REHAB, INC.



Principal Place of Business
919 PINEWALK COURT NE
PALM BAY, FL 32905

Mailing Address
919 PINEWALK COURT NE
PALM BAY, FL 32905

54068510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2102597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGANON, LOVENA
919 PINEWALK COURT NE
PALM BAY, FL 32905

Name

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

City

FL

Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AGANON, LOVENA
STREET ADDRESS 919 PINEWALK COURT NE
CITY-ST-ZIP PALM BAY, FL 32905

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

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRESIDENT

8/12/04

Date

Daytime Phone #

~~Attachment~~

54068570
P03000075820

PRIME MOVERS REHAB, INC

Lovena Aganon
919 Pinewalk Ct NE
Palm Bay FL 32905

August 13th, 2004

Division of Corporation
PO Box 6227
Tallahassee, FL 32314

RE: UBR for PRIME MOVERS REHAB, INC

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report and had to be reminded by my accountant.

I thank you for your help in this matter.

Very truly yours,


Lovena Aganon