

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000097601

Entity Name: PRIMARILY PALMS, INC.

FILED
Nov 17, 2004
Secretary of State

Current Principal Place of Business:

8719 CREST LANE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8719 CREST LANE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 90-0107603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORMUTH, PAULA J
8713 CREST LANE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARSON, PETER N
Address: 8719 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: JOHNSON, LEWIS
Address: 8719 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: BARSON, KEDRON K
Address: 8719 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

Title: T () Delete
Name: BARSON, PETER N
Address: 8719 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BARSON, PETER N
Address: 8719 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER N BARSON

PRES

11/17/2004

Electronic Signature of Signing Officer or Director

Date