


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90054 037 \*\*\*150.00

<b>DOCUMENT # P03000126601</b>		
1. Entity Name <b>PRIME CONSTRUCTION COMPANY</b>		

Principal Place of Business <del>4200 SUMMIT CREEK BLVD</del> # 9209 ORLANDO, FL 32837 OC	Mailing Address <del>4200 SUMMIT CREEK BLVD</del> # 9209 ORLANDO, FL 32837 OC
--	--

**66009957**



2. Principal Place of Business - No P.O. Box # <b>4120 BROOKMYRA DR</b>	3. Mailing Address <b>4120 BROOKMYRA DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05042008 Chg-P CR2E034 (12/06)

City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>	4. FEI Number <b>80-0081815</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32837</b>	Country <b>ORANGE</b>	Zip <b>32837</b>	Country <b>ORANGE</b>

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

6. Name and Address of Current Registered Agent  <b>RABBANIFARD, ALIASGHAR</b> <del>4200 SUMMIT CREEK BLVD</del> <b>4120 BROOKMYRA DR</b> <del># 9209</del> <b>ORLANDO, FL 32837-OC ORLANDO FL 32837-OC</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P RABBANIFARD, ALIASGHAR</b>	NAME	
STREET ADDRESS	<del>4200 SUMMIT CREEK BLVD</del> <b>4120 BROOKMYRA DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **05/05/08 321-239-6761**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #