

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148118

Entity Name: PRIMETIME LATH, INC.

FILED  
Sep 09, 2008  
Secretary of State

**Current Principal Place of Business:**

402 AUSTRALIAN ROAD  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

402 AUSTRALIAN ROAD  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 02-0712781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANCIS, JIMMY D  
402 AUSTRALIAN ROAD  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

FRANCIS, JIMMY D  
1899 FALLON BLVD N.E  
PALM BAY, FL 32907 US

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: JAMES FRANCIS

09/09/2008

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: PSTD ( ) Delete  
Name: FRANCIS, JAMES D  
Address: 402 AUSTRALIAN ROAD  
City-St-Zip: PALM BAY, FL 32907

Title: S ( ) Delete  
Name: GRIJALVA, JANNER ADOLFO  
Address: 402 AUSTRALIAN ROAD  
City-St-Zip: PALM BAY, FL 32907

Title: T ( ) Delete  
Name: DE LEON, RAYNER G  
Address: 402 AUSTRALIAN ROAD  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: FRANCIS, JAMES D  
Address: 1899 FALLON BLVD N.E  
City-St-Zip: PALM BAY, FL 32907

Title: S (X) Change ( ) Addition  
Name: GRIJALVA, JANNER ADOLFO  
Address: 1899 FALLON BLVD N.E  
City-St-Zip: PALM BAY, FL 32907

Title: T (X) Change ( ) Addition  
Name: DE LEON, RAYNER G  
Address: 1899 FALLON BLVD N.E  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES FRANCIS

PSTD

09/09/2008

Electronic Signature of Signing Officer or Director

Date