

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90412 024 \*\*\*150.00

**DOCUMENT # P04000054837**

1. Entity Name  
**PRIMO PANEL SYSTEM, INC.**



Principal Place of Business  
**10616 SOUTH US ROUTE 1  
PORT ST. LUCIE, FL 34952 US**

Mailing Address  
**10616 SOUTH US ROUTE 1  
PORT ST. LUCIE, FL 34952 US**

2. Principal Place of Business  
**1103 Snively Avenue**

Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 9227**

Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State  
**Winter Haven, FL**

City & State  
**Winter Haven, FL**

4. FEI Number  
**20-4379912**

Applied For  
Not Applicable

Zip  
**33880**

Country  
**USA**

Zip  
**33883-9227**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**REICHART, JOSEPH F  
10616 SOUTH US ROUTE 1  
PORT ST. LUCIE, FL 34952**

**7. Name and Address of New Registered Agent**

Name **Reichart, Joseph F**

Street Address (P.O. Box Number is Not Acceptable)  
**1103 Snively Avenue**

City **Winter Haven** **FL** Zip Code **33880**

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 name is changed)

DATE

**Joseph F. Reichart, President**

**4/18/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

NAME <b>D REICHART, JOSEPH F</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10616 SOUTH US HWY 1</b>	
CITY-STATE-ZIP <b>PORT ST. LUCIE, FL 34952</b>	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PVTSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Reichart, Joseph F</b>	
STREET ADDRESS <b>1103 Snively Avenue</b>	
CITY-STATE-ZIP <b>Winter Haven, FL 33880</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph F. Reichart**

**4/18/06**

**772-215-3202**

Telephone #