

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90040 001 ***150.00

07-07-2008 90040 002 ***400.00

DOCUMENT # P04000091833

1. Entity Name
PRIMER TIME INC.



Principal Place of Business
**220 SW MARATHON AVE.
PORT ST. LUCIE, FL 34953**

Mailing Address
**220 SW MARATHON AVE.
PORT ST. LUCIE, FL 34953**

66015080



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0881624

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURDETTE, RONNIE
220 SW MARATHON AVE.
PORT ST. LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BURDETTE, RONNIE
220 SW MARATHON AVE.
PORT ST. LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Ronnie Burdette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #