

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90120 018 ***150.00

DOCUMENT # P05000012868					
1. Entity Name PRIMITIVE PRODUCTIONS, INC.					
Principal Place of Business 1430 WEST BUSCH BLVD. SUITE E TAMPA, FL 33612			Mailing Address 3535 HARKEN CIRCLE TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address 1717 Lakeview Rd. Suite, Apt. #, etc. Clearwater, FL City & State 33756, USA			
Suite, Apt. #, etc.		City & State			
City & State		4. FEI Number 20-2228391			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BASS, BRENDA L 3535 HARKEN CIRCLE TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BASS, BRENDA L		TITLE President	NAME Brenda Bass Mullis	
STREET ADDRESS 3535 HARKEN CIRCLE	CITY-ST-ZIP TAMPA, FL 33607		STREET ADDRESS 1717 Lakeview Rd.	CITY-ST-ZIP Clearwater FL 33756	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE Vice President	NAME Michael Mullis	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1717 Lakeview Rd.	CITY-ST-ZIP Clearwater, FL 33756	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Brenda Bass Mullis</u> Brenda Bass Mullis 3/14/06 (813) 743-5735					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					