

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 034 ***150.00

DOCUMENT # P05000156652

1. Entity Name

PRIMITIVE EXPRESSIONS IMPORTS, INC



Principal Place of Business

118 N WOODLAND BLVD
DELAND FL 32720

Mailing Address

118 N WOODLAND BLVD
DELAND FL 32720

2. Principal Place of Business

2702 N Woodland Blvd

3. Mailing Address

2702 N. Woodland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

Zip 32720

Country USA

Zip 32720

Country USA

4. FEI Number

20 3859590

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SLUTSKY, ERWIN H
582 N. VOLUSIA AVE
ORANGE CITY FL FL

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID, SHAWN	
STREET ADDRESS	118 N. WOODLAND AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVID, SHAWN	
STREET ADDRESS	118 N. WOODLAND AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVID, SHAWN	
STREET ADDRESS	118 N. WOODLAND AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVID, SHAWN	
STREET ADDRESS	118 N. WOODLAND AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn David	
STREET ADDRESS	2702 N. Woodland Blvd	
CITY-ST-ZIP	Deland FL 32720	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn David	
STREET ADDRESS	2702 N. Woodland Blvd	
CITY-ST-ZIP	Deland FL 32720	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn David	
STREET ADDRESS	2702 N. Woodland Blvd	
CITY-ST-ZIP	Deland FL 32720	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn David	
STREET ADDRESS	2702 N. Woodland Blvd	
CITY-ST-ZIP	Deland FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/19/06

407-467-8197

Date

Daytime Phone #