

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90102 039 ***150.00

DOCUMENT # P06000006574

1. Entity Name

PRISCO COMMUNICATIONS, INC.



Principal Place of Business

7006 ATLANTIC BLVD
JACKSONVILLE FL 32211

Mailing Address

7006 ATLANTIC BLVD
JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1689878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

PRISCO, CASEY A
7006 ATLANTIC BLVD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

PRISCO, Casey A.

Street Address (P.O. Box Number is Not Acceptable)

7006 Atlantic Blvd.

City

Jacksonville

FL

Zip Code

32211

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, 2007 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: PVST
NAME: PRISCO, CASEY A
STREET ADDRESS: 12311 KENSINGTON LAKES DR. #1701
CITY- ST- ZIP: JACKSONVILLE FL 32246 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

TITLE:
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STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

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CITY- ST- ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP
NAME: PRISCO, Peter S.
STREET ADDRESS: 12311 Kensington Lakes Dr. #1701
CITY- ST- ZIP: Jacksonville, FL 32246 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

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CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP: ☐ Change ☐ Addition

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:

Casey Prisco
CASEY PRISCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

904-220-3553

Daytime Phone #