

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000113391

1. Entity Name  
PRIMO SPORTS PROMOTIONS, INC



FILED

08 FEB -5 AM 10:44

Principal Place of Business  
6540 S. JEFFERSON ST.  
LAMONT, FL 32336

Mailing Address  
3RD DENTAL BATTALION  
FP APO, 96604-8450

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #  
630 W. VIRGINIA STREET APT 204

3. Mailing Address  
630 W. VIRGINIA STREET  
APT. 204

Suite, Apt. #, etc.  
APT 204

Suite, Apt. #, etc.  
APT. 204

City & State  
TALLAHASSEE, FL

City & State  
TALLASSEE, FL

Zip  
32304

Country  
U.S.

Zip  
32304

Country  
U.S.

01282008

Chg-P

CR2E034 (12/06)

4. FEI Number  
33-1192846

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS, DOUGLAS L. JR.  
6540 S. JEFFERSON ST.  
LAMONT, FL 32336

## 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, 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  
OCEO  
WILLIAMS, DOUGLAS L. JR. ☐ Delete  
STREET ADDRESS  
6540 S. JEFFERSON ST.  
CITY-ST-ZIP  
LAMONT, FL 32336

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
WILLIAMS, DOUGLAS L. JR. OCEO ☒ Change ☐ Addition  
STREET ADDRESS  
630 W. VIRGINIA STREET APT. 204  
CITY-ST-ZIP  
TALLAHASSEE, FL 32304

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
300118352763  
CITY-ST-ZIP  
02/19/08--01050--005 \*\*160.00

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

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

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

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

FEB 05, 2008

850-727-3655

Date

Daytime Phone #