


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 029 ***150.00

DOCUMENT # P94000040230		
1. Entity Name PRIME SHELL CONTRACTORS, INC.		

Principal Place of Business 2824 LORENE DR PALM SPRINGS, FL 33461 US	Mailing Address 2824 LORENE DR PALM SPRINGS, FL 33461 US
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40053430



2. Principal Place of Business - No P.O. Box # 5922 NW WOLVERINE RD.	3. Mailing Address 5922 NW WOLVERINE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03222008 Chg-P CR2E034 (12/06)

City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34986	Zip 34986
Country USA	Country USA

4. FEI Number 65-0493583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOSTADINOV, NICOLI 2824 LORENE DR PALM SPRINGS, FL 33461	
7. Name and Address of New Registered Agent Name NICOLI KOSTADINOV Street Address (P.O. Box Number is Not Acceptable) 5922 N.W. WOLVERINE RD. City PORT ST. LUCIE FL Zip Code 34986	

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: <i>Nicoli Kostadinov</i> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 3/26/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KOSTADINOV, NICK 2824 LORENE DR PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NICK KOSTADINOV 5922 N.W. WOLVERINE RD. PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Nicoli Kostadinov</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/26/08 Daytime Phone #