


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 027 ***158.75

DOCUMENT # P96000029581 1. Entity Name PRIMITIVE ENTERPRISES, INC.					
Principal Place of Business 3953 S US 1 FT PIERCE, FL 34982			Mailing Address 3953 S US 1 FT PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box # 1048 South LANE Suite, Apt. #, etc.		3. Mailing Address 1048 SOUTH LANE Suite, Apt. #, etc.			
City & State GRIMSLEY, TN Zip 38565		City & State GRIMSLEY, TN Zip 38565		4. FEI Number 65-0672051	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, H. TODD 3953 S US 1 FT PIERCE, FL 34982			7. Name and Address of New Registered Agent Name BRETT SHANN Street Address (P.O. Box Number is Not Acceptable) 1586 SW BAYSHORE BLVD. City PORT ST. LUCIE FL Zip Code 34983-2946		
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 <u><i>Brett Shann</i></u> DATE <u>4/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS EVANS, H. TODD 3953 S. U.S. #1, STE 103 FT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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><i>H. Todd Evans</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/08</u> <small>Date</small>		