2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNOAL KEI OKI					Secretary or State			
DOCUMENT # P96000029581 1. Enlity Name PRIMITIVE ENTERPRISES, INC.						8 90045 027 ***1 <i>5</i>		
Principal Plac	o of Business	Mailing Address	1	4 ህሀ፣	U U ₩ 3			
3953 S US 1		3953 S US 1		_				
FT PIERCE, F	1 34982	FT PIERCE, FL 34982						
	2 0 1002		: :					
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
1048 South LAWE 1048 Sout! Suite Apt. #, etc. Suite Apt. #, etc.		IH LANE						
Suite, Apt.	#, etc.	Stille, Apt. #, etc.		03082008	Chg-P	CR2E034 (12/06)		
City & State City & State				4. FEI Numbe	er	Ap	plied For	
GRIMSLEY TN GRIMSLEY		TN	65-0672051 Not Applicable					
Zip	J Country	Zip	Country	5 Certificate	of Status Desired	√ \$8.75 Add	ditional .	
3850		38565	USA			Fee Require	ed	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and	Address of New	Registered Agent		
EVANS, H. TODD				ETT SHA	ANN "			
3953 S US		Street Address	s (P.O. Box Numbe うろし 3A		ole)			
	E, FL 34982	1586	SW BA	YSHOKE.	BLVD.			
			City Page	· / i : /		FI Zip Coo	3 · 29 4	
9 The shows	e named entity submits this statement fo	r the ourners of changing its r	CR.	ST. LUC	the in the State of	Florida Lam familiar with	3 · 29 44	
the obligat	tions of registered agent.	the purpose of changing its:	egistered diffice or regist	tered agent. or bor	III, III (III OLATE OI	I TORGE. I SITUATION WILL	and docopt	
	13,000	Wann				4/08	•	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)		DATE		
				T				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	·	5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE	DPS	☐ Delete	TITLE			☐ Change	Addition Addition	
NAME	EVANS, H. TODD		NAME					
STREET ADDRESS CITY-ST-ZIP	3953 S. U.S. #1, STE 103 FT PIERCE, FL 34982		STREET ADDRESS CITY-ST-ZIP					
<u> </u>	TTTERCE, TE 34302	☐ Delete				☐ Change	Addition	
NAME		☐ Delete	TITLE NAME			□ Change	☐ Mudition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
HILL		☐ Delete	TITLE		··	☐ Change	☐ Addition	
NAME			NAME					
STREET ADORESS			STREET ADDRESS					
CiTY-ST-ZIP			CITY-ST-ZIP					
THILE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET AUDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
		☐ Delete	TITLE			Change	☐ Addition	
TITLE		∟ Delete	NAME			L. Gridinge	Addition	
STREET ADDRESS			STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

CHY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Daytiit e Phone #