

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 12, 2005 08:00 AM  
Secretary of State

DOCUMENT # P96000035395

1. Entity Name  
PRIMO GROVES, INC.



Principal Place of Business  
1011 NW 6TH ST  
HOMESTEAD, FL 33030

Mailing Address  
1011 NW 6TH ST  
HOMESTEAD, FL 33030



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0668443

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GUGGINO, JOSEPH A  
1011 NW 6TH ST  
HOMESTEAD, FL 33030

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, 2005 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  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUGGINO, JOSEPH A  
1011 NW 6TH ST  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MULLINS, RICHARD  
31155 SW 197TH AVENUE  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000178710  
01/12/05-80037-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Joseph A. Guggino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05 305-248-4955

Date

Daytime Phone #