


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000035395 1. Entity Name PRIMO GROVES, INC.	
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Principal Place of Business 1011 NW 6TH ST HOMESTEAD, FL 33030	Mailing Address 1011 NW 6TH ST HOMESTEAD, FL 33030
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0668443	Applied For 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  GUGGINO, JOSEPH A 1011 NW 8TH ST HOMESTEAD, FL 33030
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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
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01/10/06-80043-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  1-6-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #