

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90328 017 ***150.00

DOCUMENT # P96000099540

1. Entity Name

PRICECO TRADING, INC.



Principal Place of Business

5590 N. HARBOR CITY BOULEVARD
MELBOURNE FL 32940
US

Mailing Address

3217 PARK PLACE CT
MELBOURNE FL 32934
US

2. Principal Place of Business

3. Mailing Address

4321 Davidia Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\$

City & State

Melbourne, FL

Zip

Country

32934

USA

4. FEI Number

59-3413218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S ESQ.
1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Nathan Price & Karen Price

Street Address (P.O. Box Number is Not Acceptable)

4321 Davidia Dr

City Melbourne

FL

Zip Code 32934

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

Karen Price Karen Price Nathan Price 4-27-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRICE, NATHAN G III	
STREET ADDRESS	3217 PARKPLACE COURT	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRICE, KAREN L	
STREET ADDRESS	3217 PARKPLACE COURT	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4321 Davidia Dr	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4321 Davidia Dr	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Karen Price Karen Price Vice Pres. 4-27-04 329-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #