


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

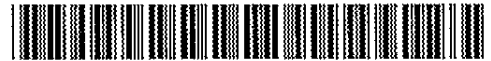
DOCUMENT # P98000035814
 1. Entity Name
 PRIMECAR CORPORATION



Principal Place of Business
 2210 N WOODLAND BLVD
 PO BOX 2136
 DELAND, FL 32720

Mailing Address
 PO BOX 2136
 DELAND, FL 32721

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3522602

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BEAUREGARD, JEFFREY
 2210 N WOODLAND BLVD
 DELAND, FL 32720

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD BEAUREGARD, JEFFREY 2210 N WOODLAND BLVD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUREGARD, BETSY 2210 N WOODLAND BLVD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BONDESEN, FREDERIC 2800 S WOODLAND BLVD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/10/04-80039-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Jeffrey B. Beauregard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/10/04
Date

386-298-9797
Daytime Phone #