

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000008317

**Entity Name:** PRIMATE PRODUCTS, INC.

**Current Principal Place of Business:**

34200 DOCTOR HAMMOCK ROAD  
IMMOKALEE, FL 34142

**Current Mailing Address:**

P.O. BOX 1588  
IMMOKALEE, FL 34142

**FEI Number:** 94-3149770

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            HOUGHTON, PAUL  
Address        34200 DOCTORS HAMMOCK ROAD  
City-State-Zip: IMMOKALEE FL 34142

Title            DIRECTOR  
Name            BRADFORD, DONALD  
Address        34200 DOCTORS HAMMOCK ROAD  
City-State-Zip: IMMOKALEE FL 34142

Title            DIRECTOR  
Name            HOUGHTON, ENONG  
Address        34200 DOCTORS HAMMOCK ROAD  
City-State-Zip: IMMOKALEE FL 34142

Title            PRESIDENT, COO  
Name            ROWELL, THOMAS J DVM  
Address        34200 DOCTOR HAMMOCK ROAD  
City-State-Zip: IMMOKALEE FL 34142

Title            CFO  
Name            HERNDON, DAVID  
Address        34200 DOCTOR HAMMOCK ROAD  
City-State-Zip: IMMOKALEE FL 34142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL HOUGHTON

CEO

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date