


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G13720
1. Entity Name
PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**4300 GULF SHORE BLVD N
NAPLES, FL 34103 US**

Mailing Address
**4300 GULF SHORE BLVD N
NAPLES, FL 34103 US**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2258867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
**CATALANO, ANTHONY J
4001 TAMiami TRAIL N
SUITE 250
NAPLES, FL 34103**

**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 _____ 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, 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	P
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	V
NAME	KENDALL, TODD
STREET ADDRESS	4300 GULFSHORE BLVD N
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	JENSEN, DAVID W
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VTAS
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES, FL
TITLE	VS
NAME	MC CARTHY, CATHERINE M
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	V
NAME	CLARK, BONNIE L
STREET ADDRESS	4300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103

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IN THIS SPACE**

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04/10/06-30006-011 150.00

12. I hereby certify that the information presented 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____