


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000128330  
 1. Entity Name  
 PREMIER E-COMMERCE, INC.



Principal Place of Business      Mailing Address  
 4200 GULF SHORE BLVD NORTH      4200 GULF SHORE BLVD NORTH  
 NAPLES, FL 34103                      NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**



03122005      No Chg-P      CR2E034 (10/03)

4. FEI Number 54-2134431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000283952 04/01/05-80048-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTGERT, SCOTT F 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAKER, RICHARD J 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS GUTMAN, HOWARD B 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103
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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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 another like empowered.

SIGNATURE:  VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      3/28/05      239-261-6100  
Date      Daytime Phone #