


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90357 050 \*\*\*150.00

**DOCUMENT # P92000011721**

1. Entity Name  
**PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**401 E. SEMORAN BLVD. CASSELBERRY, FL 32707**

Mailing Address  
**401 W. SEMORAN BLVD. CASSELBERRY, FL 32707 US**

2. Principal Place of Business  
**401 E. HWY. 436**

3. Mailing Address  
**401 E. HWY. 436**


Suite, Apt. #, etc.

City & State  
**CASSELBERRY, FL**

City & State  
**CASSELBERRY, FL**

Zip Country  
**32707 US**

**24048451**



04152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3170854**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RANDALL-SMITH**  
**200 N. THORNTON AVE**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
**533 VERSAILLES DRIVE**

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

City  
**MAITLAND FL**

Zip Code  
**32751**

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 \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME VEIGLE, JAMES STREET ADDRESS 401 E. SEMORAN BLVD. CITY-ST-ZIP CASSELBERRY, FL 32707	TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME VEIGLE, JAMES STREET ADDRESS 401 E. HWY. 436 CITY-ST-ZIP CASSELBERRY, FL 32707
TITLE D Delete <input type="checkbox"/>	NAME VEIGLE, CHARLES STREET ADDRESS 401 E. SEMORAN BLVD. CITY-ST-ZIP CASSELBERRY, FL 32707	TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME VEIGLE, CHARLES STREET ADDRESS 401 E. HWY. 436 CITY-ST-ZIP CASSELBERRY, FL 32707
TITLE S Delete <input type="checkbox"/>	NAME VOEGLIN, NANCY STREET ADDRESS 401 E. SEMORAN BLVD. CITY-ST-ZIP CASSELBERRY, FL 32707	TITLE S Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME VOEGLIN, NANCY STREET ADDRESS 401 E. HWY. 436 CITY-ST-ZIP CASSELBERRY, FL 32707
TITLE Delete <input type="checkbox"/>		TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE Delete <input type="checkbox"/>		TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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:** Nancy Voegtlin **4-15-04** **407-260-7003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #