


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000087033
1. Entity Name
PREMIER PRODUCTIONS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
4200 GULF SHORE BLVD. N. 4200 GULF SHORE BLVD. N.
NAPLES, FL 34103 US NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0537984	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 N.
SUITE 404
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 _____ 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000283947
04/01/05-80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: LUTGERT, SCOTT
STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP: NAPLES, FL

TITLE: VS
NAME: BAKER, RICHARD J
STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP: NAPLES, FL

TITLE: VTS
NAME: GUTMAN, HOWARD B
STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP: NAPLES, 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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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 files empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 **239-261-6100**
Date Daytime Phone #