

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 008 ***158.75

DOCUMENT # P97000010830

1. Entity Name
 PREMIER SYSTEM SOLUTIONS, INC.



Principal Place of Business
 36401 US 19 N
 PALM HARBOR, FL 34684

Mailing Address
 4679 TAMWORTH DRIVE
 PALM HARBOR, FL 34685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
 59-3423483

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAELS, THOMAS O
 1370 PINEHURST ROAD
 DUNEDIN, FL 34698

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTSD
 FIERBAUGH, NORMAN R
 4679 TAMWORTH DRIVE
 PALM HARBOR, FL 34685 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPTD
 STOCKWELL, ROBERT S
 1235 LAGOON RD
 TARPON SPRINGS, FL 34689 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTSD Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPOP
 KNOWLES, DONALD
 3909 ERNE ST.
 PALM HARBOR, FL 34683 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #