

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000038335**

1. Entity Name  
**PREMIER PROPERTY MANAGEMENT & MAINTENANCE SERVICES INC.**



Principal Place of Business <b>311 PLYMOUTH ROAD          WEST PALM BEACH, FL 33405</b>	Mailing Address <b>P.O. BOX 7043          WEST PALM BEACH, FL 33405</b>
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0918221</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COONEY, SIMON  
 311 PLYMOUTH ROAD  
 WEST PALM BEACH, FL 33405**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COONEY, SIMON L 311 PLYMOUTH ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COONEY, JOANNE R 311 PLYMOUTH ROAD WEST PALM BEACH, FL 33405
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 03/16/07-80040-007 150.00

12. I hereby certify that the information supplied 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: Joanne Cooney Joanne Cooney 3/5/07 561-588-4740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #