

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000694	
1. Entity Name PREMIER ANNUITY PARTNERS, INC.	
	
Principal Place of Business 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670	Mailing Address 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3871905	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2005 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	PD STOTT, CHARLOTTE M 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAMURA, JERRY T 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEWENTER, DAVID 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SERES, DAVID 2882 PROSPECT PARK DRIVE, #220 RANCHO CORDOVA, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

CFO

01/25/05

310-212-

2374