

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 034 ***150.00

DOCUMENT # F07000002912

1. Entity Name
PREMIER SYDELL, LTD. CORP



Principal Place of Business
**3700-1 PORT JACKSONVILLE PKWY.
JACKSONVILLE, FL 32226**

Mailing Address
**3700-1 PORT JACKSONVILLE PKWY.
JACKSONVILLE, FL 32226**



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2510541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDMAN, NEAL
3700-1 PORT JACKSONVILLE PKWY.
JACKSONVILLE, FL 32226**

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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, 2008 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
**C
GOLDMAN, DAN
10079 SAWGRASS DR. EAST
PONTE VEDRA BCH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOLDMAN, NEAL
10079 SAWGRASS DR. EAST
PONTE VEDRA BCH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOLDMAN, ALICE
10079 SAWGRASS DR. EAST
PONTE VEDRA BCH, FL 32082**

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Premier Sydel

LTD.

ATTACHMENT

40056691

#F07000002912

3700-1 Port Jacksonville Pkwy.
Jacksonville, FL 32226

Phone: 1-800-645-5750
1-904-714-0900

Fax: 1-904-714-1101

www.premiersydel.com

March 17, 2008

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that the permanent addresses for our corporate officers are as follows. Please update your records to reflect these new addresses:

- C Daniel Goldman
68 Thicket Creek Trail
Ponte Vedra, FL 32081
- P Neal Goldman
624 Preserve View
Ponte Vedra, FL 32081
- S Alice Goldman
68 Thicket Creek Trail
Ponte Vedra, FL 32081

Thank you for your attention to this matter.

Sincerely,

Neal Goldman
President