2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N08000000090

Entity Name: PREMIER OF PASCO COMMERCIAL ASSOCIATION, INC.

Current Principal Place of Business:

8020 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 32653

New Principal Place of Business:

Current Mailing Address:

8020 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 32653

New Mailing Address:

FEI Number: 26-1694541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRASHER, C. JOHN
8020 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BRASHER, C. JOHN
Address: 8020 OLD COUNTY ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 32653

Title: D ( ) Delete
Name: VASTA, JEFFREY MD
Address: 1306 SEVEN SPRINGS BLVD
City-St-Zip: NEW PAORT RICHEY, FL 32653

Title: D ( ) Delete
Name: MITCHELL, D. DEWEY
Address: 8020 OLD COUNTY ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 32653

Title: ST ( ) Delete
Name: ALLMAN, PHILIP L
Address: 8020 OLD COUNTY ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. JOHN BRASHER DP 01/13/2009

Electronic Signature of Signing Officer or Director — Date