

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027990

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PREMIER HOLDINGS AND MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

9502 N FLORIDA AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

9502 N FLORIDA AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 59-3630468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, MICHELE M  
9502 N FLORIDA AVENUE  
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSVT ( ) Delete  
Name: BARNES, MICHELE M  
Address: 9502 N FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: BARNES, MICHELE M  
Address: 9502 N FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Change (X) Addition  
Name: WILLIAMS, BEVERLY  
Address: 439 MIRABAY BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V ( ) Change (X) Addition  
Name: LESCHEN, CHRISTY  
Address: 9502 N FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33612

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE M BARNES

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04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date