# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000114593

Entity Name: PREMIER MORTGAGE, INC.

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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185 CYPRESS POINT PKWY 1000 PALM COAST PARKWAY, SW 109

300

PALM COAST, FL 32164 PALM COAST, FL 32137

**Current Mailing Address: New Mailing Address:** 

185 CYPRESS POINT PKWY 1000 PALM COAST PARKWAY, SW

109

PALM COAST, FL 32164 PALM COAST, FL 32137

FEI Number: 59-3685068 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDONALD, SANDRA MCDONALD, SANDRA 185 CYPRESS POINT PKWY 1000 PALM COAST PARKWAY, SW #300 109 PALM COAST, FL 32164 US PALM COAST, FL 32137 US

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: SANDRA MCDONALD 06/30/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition VOST, MARK NIEMINEN, SCOTT K Name: Name:

103 BRUSHWOOD LANE 17 CEDARVIEW COURT Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137

Title: Title: () Delete (X) Change ( ) Addition NIEMINEN, SCOTT Name: Name:

MCDONALD, SANDRA 18 FANWOOD CT 11 WALDORF PLACE Address: Address: PALM COAST, FL 32164 PALM COAST, FL 32164 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

MCDONALD, SANDRA Name: Name: 4 UNLDOR PLACE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: SANDRA MCDONALD 06/30/2005