


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000055614**

1. Entity Name  
**PREMIER ENTERPRISES LIMITED INC.**



Principal Place of Business      Mailing Address

2000 80 ST N      2000 80 ST N  
 ST PETERSBURG, FL 33710 US      ST PETERSBURG, FL 33710 US

**DO NOT WRITE IN THIS SPACE**



08102004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1173716      Not Applicable

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

6. Name and Address of Current Registered Agent

BYRD, DOUGLAS R  
 2000 80 ST N  
 ST PETERSBURG, FL 33710

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000170041  
 08/13/04-00002-006 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BYRD, DOUGLAS R
STREET ADDRESS	2000 80TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	V
NAME	SHETTLER, SUSAN
STREET ADDRESS	2000 80TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	S
NAME	BYRD, DOUGLAS R
STREET ADDRESS	2000 80TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	T
NAME	SHETTLER, SUSAN G
STREET ADDRESS	2000 80TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	BYRD, DOUGLAS R
STREET ADDRESS	2000 80TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Byrd Douglas R      8/10/04      787-224-3583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #