

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90095 005 ***158.75

DOCUMENT # P02000127090 1. Entity Name ALL PREMIER PROPERTIES, INC.					
Principal Place of Business 126 CENTER ST. SUITE B-6 JUPITER, FL 33458			Mailing Address 126 CENTER ST. SUITE B-6 JUPITER, FL 33458		
2. Principal Place of Business <i>126 CENTER ST.</i>		3. Mailing Address <i>SUITE B-6</i>			
Suite, Apt. #, etc. <i>SUITE B-6</i>		Suite, Apt. #, etc. 			
City & State <i>JUPITER, FL</i>		City & State 			
Zip <i>33458</i>		Country <i>USA</i>		4. FEI Number 75-3094794	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent EDRINGTON, FIONA N 126 CENTER ST. SUITE B-6 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS ☐ Delete EDRINGTON, FIONA N 126 CENTER STREET B-6 JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, 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 I am empowered.					
SIGNATURE: <i>Fiona N Edrington</i> FIONA N EDRINGTON <i>4-16-07</i> <i>561-578-7020</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					