2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000133006

1. Entity Name
PREMIER SERVICE CORPORATION

Principal Place of Business	Mailing Address
5830 142ND AVE NORTH CLEARWATER, FL 33760	5830 142ND AVE NORTH CLEARWATER, FL 33760

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0656770
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YADLEY, GREGORY C ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD STE 2800
TAMPA, FL 33602

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000145005
05/03/04-80006-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ERNSTEEN, JOSEPH E
STREET ADDRESS	1645 PORTAGE PASS
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	D
NAME	KUCI, RICHARD A
STREET ADDRESS	1451 NW 62ND STREET
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	D
NAME	MCMURTREY, T. BRAD
STREET ADDRESS	350 EAST BAY DRIVE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	MELLINI, PAUL V
STREET ADDRESS	5830 142ND AVE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	O'NEIL, BRENDA M
STREET ADDRESS	4959 S. CLEVELAND AVE.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	KUHLMAN, JIM
STREET ADDRESS	160 POINTE LOOP DRIVE
CITY-ST-ZIP	VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

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 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: P V Mell 4-29-04 727-373-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul V. Mellini