


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 002 \*\*\*150.00

**DOCUMENT # P03000025265**  
 1. Entity Name  
**PREMINENT COMMUNICATIONS, INC.**



Principal Place of Business  
**2431 ALOMA AVE.  
 SUITE 112  
 WINTER PARK, FL 32792 US**

Mailing Address  
**2431 ALOMA AVE.  
 SUITE 112  
 WINTER PARK, FL 32792 US**

66460160



2. Principal Place of Business  
**603 Callahan St.**

3. Mailing Address  
**603 Callahan St.**

Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

Zip  
**32789** Country  
**US**

4. FEI Number  
**20-1172326**

Applied For  
 Not Applicable

8. Name and Address of Current Registered Agent  
**PITTMAN, BOBBY R  
 2431 ALOMA AVE.  
 SUITE 112  
 WINTER PARK, FL 32792**

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**603 Callahan St.**

City **Winter Park** FL Zip Code **32789**

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: *Bobby R Pittman* DATE: 9/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ratifying)

**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	P PITTMAN, BOBBY R 663 CALLAHAN ST. WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Brittany P. Shelley 603 Callahan St. Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Bobby R Pittman* DATE: 9/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #