

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034182

1. Entity Name
PREMIER VENTURES, INC.



Principal Place of Business

380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

Mailing Address

380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

03 OCT 27 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0940730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TREFZ, JEANNE L
380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME TREFZ, JEANNE L
STREET ADDRESS 380 S. STATE ROAD 434
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME PEAVEY, ALBERT C
STREET ADDRESS 380 S. STATE ROAD 434
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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900137527709
10/31/08--01024--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: x *Jeanne L. Trefz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 321-231-2240

10/22/08