2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P03000069401				03-15-2004 90057 031 ***150.00			
PREMIER CONSTRUCTION L M, INC.							
Principal Place of Business Mailing Address				-~1670			
1435 AMBRA DR 1435 AMBRA DR		^				= 	langus et Dieser Addition see
MELBOURNE, FL 32940	MELBOURNE, FL 3294	·U			6)(1 86)(a milla (m)(4 P	484 88181 II.	ha: 11 (45)
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				02112004 Chg-P	CR2E034 (10/03)		
City & State -	City & State	City & State		4. FEL Number Applied For Not Applicable			
Zip Country	Country Zip		ntry	5. Certificate of Status Desired See Require		3.75 Addi	tional
6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New		<u> </u>	
NIEWEGLOWSKI, MIROSLAW 1435 AMBRA DR			Name -			* * * *	a, all sample (to 1)
			Street Address (P.O. Box Number is Not Acceptab	ole)		
MELBOURNE, FL 32940							
			City		FL	Zip Code	-
8. The above named entity submits this statement	for the purpose of changing its	register	ed office or register	red agent, or both, in the State of F		niliar with, a	and accept
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered age	ant and title if applicable. (NOTI	: Registere	ed Agent signature required	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150:00 After May 1, 2004 Fee will be \$55	9Election,Campa Trust Fund Cont	-		.00 May Be			۱ سید ۱
	ID DIRECTORS	111.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS	IN 11
TITLE P	- Delete	TITL	E			Change	Addition
NAME KROL, LES		NAM	ME EET ADDRESS				
I	1435 AMBRA DR MELBOURNE, FL 32940		Y-ST-ZIP				
TITLE V	☐ Delete	TITL	E			Change	Addition
NAME NIEWEGLOWSKI, MIROSLAW	1	NAM	-				
STREET ADDRESS 1435 AMBRA DR CITY-ST-ZIP MELBOURNE, FL 32940			EET ADDRESS Y-ST-ZIP				
TIFLE	☐ Delete	TITL	E E			Change	Addition ,
NAME.		NAN.	·	A COMMUNICATION OF THE SECOND	•		
STREET ADDRESS CITY-ST-ZIP	-		EET ADDRESS Y-ST-ZIP	The Contract of the Contract o	i- Ser	ું ∻જાં મધ્યું •	1
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STREET ADDRESS CUTY-ST-ZIP			EET ADDRESS Y-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE	□ Delete		Y-ST-ZIP] Change	☐ Addition
CITY-ST-ZIP TITLE -NAME	☐ Delete	CITI TITL NAA	Y-ST-ZIP LE			Change	Addition
CITY-ST-ZIP TITLE	□ Delete	CITY TITL NAM- 3 STR	Y-ST-ZIP .E	,		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOTY 12 04 Nos Kims