

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000069401 1. Entity Name PREMIER CONSTRUCTION L M, INC.						FILED 08 NOV 24 AM 10:57 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 833 SOUTH BREVARD AVE COCOA BEACH, FL 32931				Mailing Address 833 SOUTH BREVARD AVE COCOA BEACH, FL 32931			
2. Principal Place of Business - No P.O. Box # 4910 Somerville Dr				3. Mailing Address Suite, Apt. #, etc.			
City & State Rockledge FL				City & State			
Zip 32955		Country		Zip		Country	
4. FEI Number 20-0000000 200430159				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent M MATA ACCOUNTING INC 1900 S HARBOR CITY BLVD MELBOURNE, FL 32901				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KROL, LES 833 SOUTH BREVARD AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP KROL LES 4910 SOMERVILLE DR ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP V KROL, LES 833 SOUTH BREVARD AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP KROL LES 4910 SOMERVILLE DR. ROCKLEDGE, FL 32955 <input checked="" 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 600138239056 11/24/08--01059--021 **66.25 <input type="checkbox"/> Change <input 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			
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>						<small>Daytime Phone #</small>	

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