

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 039 \*\*\*150.00

**DOCUMENT # P03000109356**

1. Entity Name

PREMIER COMMUNITY MANAGERS, INC.



Principal Place of Business

Mailing Address

~~1255 BELLE AVE.~~  
~~STE 167~~  
WINTER SPRINGS FL 32708

~~1255 BELLE AVE.~~  
~~STE 167~~  
WINTER SPRINGS FL 32708



2. Principal Place of Business

3. Mailing Address

5151 Adamson St.

5151 Adamson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 103

Suite 103

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32804

US

32804

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

90-0113114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, GARY A  
~~1255 BELLE AVE.~~  
~~STE 167~~  
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

5151 Adamson St.

Suite 99

City

Orlando

FL

Zip Code

32810

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

3-13-06

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete
NAME	HOUSE, GARY A	
STREET ADDRESS	1821 MOSHER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BUTLER, PAULA	
STREET ADDRESS	1832 PANAPOLIS AVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HOUSE, GARY A	
STREET ADDRESS	1821 MOSHER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	HOUSE, GARY A	
STREET ADDRESS	1821 MOSHER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 / 4976965700

Date

Daytime Phone #