2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000002384 03-03-2004 90026 002 ***150.00 1. Entity Name PREMIER DESIGN SERVICES, INC. Mailing Address Principal Place of Business 44015149 12788 91ST AVENUE N. 12788 91ST AVENUE N. SEMINOLE, FL 33776 US SEMINOLE, FL 33776 2. Principal Place of Business 3. Mailing Address 12945 Seminale Blud 2945 Suite, Apt. #, etc Suite, Apt. #, etc. 02262004 CR2E034 (10/03) Chg-P City & State 6) dq. 2 City & State 4. FEI Number Applied For acgo Not Applicable 90-01430 Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.: Name and Address of New Registered Agent Name HUDGINS, LANI W Street Address (P.O. Box Number is Not Acceptable) 12788 91ST AVENUE N. <u>Seminole</u> SEMINOLE, FL 33776 حمم 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. GOOLEGICIEST DPSTVCM DChange Addition DPST ☐ Delete TITLE TITLE W. Hudgins Tani HUDGINS, LANI W NAME NAME 12945 Seminole Blud. Bldg. 2, Ste. 10 12788 91ST AVENUE N. STREET ADDRESS STREET ADDRESS SEMINOLE, FL 33776 CITY-ST-ZIP 33778 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:**

Date

Daytime Phone #

FILED Mar 03, 2004 8:00 am