


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-05-2005 90086 043 ***150.00

DOCUMENT # P04000054510 1. Entity Name MONCRIEF PREMIER ENTERPRISES, INC					
Principal Place of Business 611 AMBERJACK PANAMA CITY BEACH, FL 32411 US			Mailing Address P.O. BOX 28374 PANAMA CITY BEACH, FL 32413 US		
2. Principal Place of Business 213 Summerwood Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address Same <small>Suite, Apt. #, etc.</small>			
City & State Panama City Bch <small>City</small>		City & State Same <small>City</small>		4. FEI Number 562449691	
Zip 32413		Country Bay		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONCRIEF, MICHAEL 611 AMBERJACK PANAMA CITY BEACH, FL 32411				7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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: <u><i>Jaime Moncrief</i></u> 5/2/05 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when resigning)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P <input type="checkbox"/> Delete MONCRIEF, MICHAEL 611 AMBERJACK PANAMA CITY BEACH, FL 32411			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VP <input type="checkbox"/> Delete MONCRIEF, JACKIE 611 AMBERJACK PANAMA CITY BEACH, FL 32411			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Jaime Moncrief</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/2/05 <small>Date</small> <small>Daytime Phone #</small>	

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