


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 024 ***150.00

DOCUMENT # P04000073908	
1. Entity Name PREMIER PROPERTY MANAGEMENT OF CENTRAL FLORIDA, INC.	

Principal Place of Business 206 ELM AVENUE SANFORD, FL 32771	Mailing Address PO BOX 1596 SANFORD, FL 32772
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Premier Property Mgmt of Ctl Fl. 735 Primera Blvd., Suite 110 Lake Mary Florida 32746	THIS SPACE
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02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1647389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLBROOK, GINA N 286 VIA SIENA LANE LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

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>Gina N Holbrook, LCAM</i></u>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBROOK, GINA N 286 VIA SIENA LANE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T / <input checked="" type="checkbox"/> HOLBROOK, LAWRENCE E 286 VIA SIENA LANE SANFORD, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HATTAWAY, DAVID 105 ESCAMBIA LN UNIT 802 COCOA BEACH, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.	
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SIGNATURE: <u><i>Gina Holbrook</i></u>	Date <u><i>5/8/08</i></u>	Daytime Phone # <u><i>407-333-7787</i></u>
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