

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-10-2005 90116 025 ***150.00

DOCUMENT # P04000076444 1. Entity Name PREMIERE RECONDITIONING, INC.					
Principal Place of Business 451 ROPER PARKWAY OCOE FL 34761			Mailing Address 451 ROPER PARKWAY OCOE FL 34761		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-428-3195	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARRY, BRENTON K 1663 LAKE RHEA DRIVE WINDERMERE FL 34786				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D/P		TITLE	☐ Change ☐ Addition	
NAME	BARRY, BRENTON K		NAME		
STREET ADDRESS	1663 LAKE RHEA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		CITY-ST-ZIP		
TITLE	D/S		TITLE	☐ Change ☐ Addition	
NAME	DAVID, BRYANT J		NAME		
STREET ADDRESS	1910 OLD CREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			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 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: <i>Barry K. Brenton</i>			<i>Barry K. Brenton</i> 5-2-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		