



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90027 032 \*\*\*158.75

<b>DOCUMENT # P04000097651</b> 1. Entity Name <b>PREMIER EAGLE CONTRACTORS INC.</b>					
Principal Place of Business <b>6570 WEST 5TH PLACE</b> <b>HIALEAH, FL 33012 US</b>			Mailing Address <b>6570 WEST 5TH PLACE</b> <b>HIALEAH, FL 33012 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



02202005		Chg-P		CR2E034 (10/03)	
4. FEI Number <b>20-1299013</b>				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NELSON, DANIEL A JR</b> <b>6570 WEST 5TH PLACE</b> <b>HIALEAH, FL 33012</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
			State <b>FL</b> Zip Code _____		

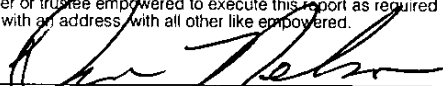
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D NELSON, DANIEL A JR	6570 WEST 5TH PLACE	HIALEAH, FL 33012				

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:**  **2/20/05** **305-785-8732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #