

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157856

Entity Name: PREMIER CONCESSIONS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

13803 BLAIR RANCH DRIVE  
WIMAUMA, FL 33598 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 3302  
RIVERVIEW, FL 33568 US

## New Mailing Address:

FEI Number: 20-1932029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSTON, THELMA L  
13803 BLAIR RANCH DRIVE  
WIMAUMA, FL 33598 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: POSTON, CLIFFORD D JR.  
Address: POST OFFICE BOX 3302  
City-St-Zip: RIVERVIEW, FL 33568 US

Title: DS/T ( ) Delete  
Name: POSTON, THELMA L  
Address: POST OFFICE BOX 3302  
City-St-Zip: RIVERVIEW, FL 33568 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVST (X) Change ( ) Addition  
Name: POSTON, THELMA L  
Address: POST OFFICE BOX 3302  
City-St-Zip: RIVERVIEW, FL 33568 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA L. POSTON

VPST

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date