

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000157856

1. Entity Name
PREMIER CONCESSIONS, INC.



Principal Place of Business
13803 BLAIR RANCH DRIVE
WIMAUMA, FL 33598 US

Mailing Address
POST OFFICE BOX 3302
RIVERVIEW, FL 33568 US



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1932029

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000862643
04/03/08-80058-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POSTON, CLIFFORD D JR. POST OFFICE BOX 3302 RIVERVIEW, FL 33568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST POSTON, THELMA L POST OFFICE BOX 3302 RIVERVIEW, FL 33568
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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.

SIGNATURE: Thelma L Poston Sec 1 Trus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

873-633-6316
Daytime Phone #