


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 040 ***150.00

DOCUMENT # P05000045924 1. Entity Name PREMIER BUILDERS AND DEVELOPERS, INC.	
--	---

Principal Place of Business 125 W LORETTA STREET PENSACOLA, FL 32505	Mailing Address 125 W LORETTA STREET PENSACOLA, FL 32505
--	--

50000328



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2509905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NORWOOD, RANDEL I 3575 DON JANEAL ROAD PENSACOLA, FL 32526	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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORWOOD, RANDEL I 3575 DON JANEAL ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODFREY, ROBERT K JR 1744 CONDOR DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODFREY, STEPHANIE R 1744 CONDOR DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORWOOD, STACY L 3575 DON JANEAL ROAD PENSACOLA, FL 32526
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/08

Daytime Phone #

850-554-2201