


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 003 \*\*\*150.00

<b>DOCUMENT # P05000057514</b> 1. Entity Name <b>PREMIER FORMAL WEAR, INC.</b>					
Principal Place of Business <b>308 FLOYD DR LYNN HAVEN, FL 32444</b>			Mailing Address <b>308 FLOYD DR LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business <b>731 Airport Rd</b> Suite, Apt. #, etc. <b>E</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Panama City FL</b>		City & State			
Zip <b>32401</b>		Country <b>USA</b>		4. FEI Number <b>20-2574918</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FERGUSON, ANDREW B 308 FLOYD DR LYNN HAVEN, FL 32444</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 <u>Andrew B. Ferguson</u> DATE <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERGUSON, ANDREW B</b> <b>308 FLOYD DR</b> <b>LYNN HAVEN, FL 32444</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCOLLUM, AMANDER B</b> <b>PO BOX 1031</b> <b>LYNN HAVEN, FL 32444</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FERGUSON, ROCKY R D</b> <b>308 FLOYD DR</b> <b>LYNN HAVEN, FL 32444</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Yvonne S. Ferguson</u>		Date <u>4/18/06</u> Daytime Phone # <u>850-628-0121</u>			