## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2006 8:00 am Secretary of State DOCUMENT # P05000112422 1. Entity Name 05-03-2006 90219 001 \*\*\*150.00 PREMIER INDEMNITY ASSOCIATES, INC. Principal Place of Business Mailing Address 2655 ULMERTON ROAD 2655 ULMERTON ROAD #342 CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address 3001 N. Rocky Point Drive East 3001 N. Rock Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) **20**0 City & State City & State 4. FEI Number Applied For n Not Applicable Country Zip Country \$8.75 Additional 3360 5. Certificate of Status Desired C S37607 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNPHY, JOHN R Street Address (P.O. Box Number is Not Acceptable) BLANK, MEENAN & SMITH, P.A. 204 SOUTH MONROE STRÉET TALLAHASSEE FL 32302 Zip Code FL 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 preted name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PTD ☐ Delete TITLE ☐ Addition NAME ROHDE: STEVE NAME STREET ADDRESS 2655 ULMERTON ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP ☐ Delete TITLE SVD TITLE ☐ Change ■ Addition NAME DICK, STEPHEN NAME STREET ADDRESS 305 PARK SPRINGS ROAD STREET ADDRESS CITY-ST-ZIP COLUMBIA SC 29223 CITY-ST-ZIP THE Deteta THILE -- Change nerribbà 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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**SIGNATURE** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attach