


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 013 ***150.00

DOCUMENT # P05000152347	
1. Entity Name JETCO PREMIER SERVICES, INC.	

Principal Place of Business 422 S. NEPTUNE DRIVE SATELLITE BEACH FL 32937	Mailing Address 422 S. NEPTUNE DRIVE SATELLITE BEACH FL 32937
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 300 Coconut Palm Rd. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Vero Beach FL	City & State Vero Beach FL
Zip 32963	Country USA

4. FEI Number 55-0910207	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JOHNSON, SUSAN J 422 S. NEPTUNE DRIVE SATELLITE BEACH FL 32937	
7. Name and Address of New Registered Agent Name Pierre B. Villere Street Address (P.O. Box Number is Not Applicable) 300 Coconut Palm Rd. Vero Beach City FL Zip Code 32963	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 P. Villere Signature, typed or printed name of registered agent and title if applicable.	Pierre B. Villere President (NOTE: Registered Agent signature required when reinstating.) DATE 4/25/2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, SUSAN J 422 S. NEPTUNE DRIVE SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ST Villere, Pierre B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, JAMES A 422 S. NEPTUNE DRIVE SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 attachment with an address, with all other like empowered.

SIGNATURE: P. Villere SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-25-2007 Date	604-66-6270 Daytime Phone #
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