


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2008 8:00 am
Secretary of State

02-25-2008 90047 018 ***150.00

DOCUMENT # P05000154055					
1. Entity Name PREMAIRE, INC.					
Principal Place of Business 1101 OAK LANE SUITE 1021 WINTER SPRINGS, FL 32708			Mailing Address P O BOX 195806 WINTER SPRINGS, FL 32719		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-1018116				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALDWIN, JOHN A 7100 S HWY 17-92 FERN PK, FL 32730			7. Name and Address of New Registered Agent Name <u>ROBERT POTCHEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1101 OAK LANE</u> <u>SUITE 1021</u> City <u>WINTER SPRINGS</u> <u>FL</u> Zip Code <u>32708</u>		
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>[Signature]</u>				DATE <u>2/15/08</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BALDWIN, JOHN A 7100 S HWY 17-92 FERN PK, FL 32730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTCHEN, ROBERT T 1101 OAK LANE WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u>				DATE <u>3/12/08</u>	

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