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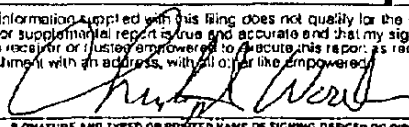
Premier Mortgage

FILED
Mar 30, 2007 8:00 am
Secretary of State

3/5/

03-05-2007 90070 033 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000049684			
1. Entity Name PREMIER MORTGAGE LENDING GROUP, INC.			
Principal Place of Business 1975 COBBLESTONE WAY CLEARWATER, FL 33760		Mailing Address 1975 COBBLESTONE WAY CLEARWATER, FL 33760	
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
4. Name and Address of Current Registered Agent WOODS, CHRISTOPHER 1975 COBBLESTONE WAY CLEARWATER, FL 33760		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		6. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	WOODS, CHRISTOPHER		
STREET ADDRESS	1975 COBBLESTONE WAY		
CITY-STATE-ZIP	CLEARWATER, FL 33760		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☒ Addition	
NAME	Christopher Woods		
STREET ADDRESS	1975 Cobblestone Way		
CITY-STATE-ZIP	CLEARWATER, FL 33760		
TITLE		☐ Change ☒ Addition	
NAME	Stacy Woods		
STREET ADDRESS	1975 Cobblestone Way		
CITY-STATE-ZIP	CLEARWATER, FL 33760		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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 507, 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			

Received Time Mar.16. 1:08PM