


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90009 048 \*\*\*150.00

<b>DOCUMENT # P07000049276</b>	
1. Entity Name <b>PREEMINENT CONSTRUCTION MANAGEMENT CORPORATION</b>	

Principal Place of Business <b>4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417</b>	Mailing Address <b>POBOX 20125 PANAMA CITY BEACH, FL</b>
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2. Principal Place of Business - No P.O. Box # <b>4600 Delwood Pk. Blvd.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Panama City Beach</b>	City & State
Zip <b>32408</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>FLATT, BRIAN 4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4600 Delwood Pk. Blvd.</b> City <b>Panama City Beach</b> FL Zip Code <b>32408</b>	
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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 <u>Shellie Flatt</u> <u>Scfy</u> <u>3/27/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPTS FLATT, BRIAN 4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPS FLATT, SHELLIE 4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPTS Brian Flatt 4600 Delwood Pk. Blvd. Panama City Beach, FL 32408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPS Shellie Flatt 4600 Delwood Pk. Blvd. Panama City Beach, FL 32408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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>Shellie Flatt</u> <u>(Shellie Flatt)</u> <u>Scfy</u> <u>3/27/08</u> <u>(850) 235-6322</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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40055555



03252008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-8910980</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # P07000049276</b>					
<b>1. Entity Name</b> <b>PREEMINENT CONSTRUCTION MANAGEMENT CORPORATION</b>					
<b>Principal Place of Business</b> <b>4325 LEGEND PLACE</b> <b>PANAMA CITY BEACH, FL 32417</b>			<b>Mailing Address</b> <b>POBOX 20125</b> <b>PANAMA CITY BEACH, FL</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>4600 Delwood Pk. Blvd.</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State <b>Panama City Beach</b>		City & State		<b>4. FEI Number</b> <b>20-8910980</b>	
Zip <b>32408</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>FLATT, BRIAN</b> <b>4325 LEGEND PLACE</b> <b>PANAMA CITY BEACH, FL 32417</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>4600 Delwood Pk. Blvd.</b> City <b>Panama City Beach</b>		
FL Zip Code <b>32408</b>			Applied For Not Applicable		
<b>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.</b> SIGNATURE <u>Shellie Flatt</u> <u>scly</u> <span style="float: right;">3/27/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS FLATT, BRIAN 4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Brian Flatt 4600 Delwood Pk. Blvd. Panama City Beach, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE <u>Shellie Flatt</u> <u>Shellie Flatt scly</u> <span style="float: right;">3/27/08 (850) 235-6322</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					