2008 FOR PROFIT CORPORATION ANNUAL REPORT .

FILED Apr 01, 2008 8:00 am Secretary of State 04-01-2008 90009 048 ***150.00

DOCUMENT # P07000049276

1. Entity Name
PREEMINENT CONSTRUCTION MANAGEMENT



CORPORA	TION							
Principal Place of	f Business	Mailing Address		40000000				
4325 LEGEND PLACE Panama City Beach, FL 32417		POBOX 20125 Panama City Beach, I	FL					
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address						
4600 Delwood Pk. Blvd.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252008 Chg-P CR2E034 (12/06)				
City & State		City & State		4. FEI Number Applied For				
Panama City	Country	Zip	Country	20-8910980 Not Applicable 5. Catificate of Claim Paging \$8,75 Additional				
32408	USA			5. Certificate di Status Desired Fee Required				
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
FLATT, BRIA 4325 LEGEN PANAMA CIT				(P.O. Box Number is Not Acceptable) ood Pk, Blvd.				
· · · · · · · · · · · · · · · · · · ·				City Beach FL 32408				
	med entity submits fris statement for some statement for some statement from the statemen	or the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE	nature, typed or printed native of egistered agen	and (sile if applicable. (NOT)	£: Registered Agent signature	required when reinstating) AlE				
	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.	9. Election Campa OO Trust Fund Cont		\$5.00 May Be Added to Fees				
10.	PTS OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME FI STREET ADDRESS 43	. ATT, BRIAN 325 LEGEND PLACE ANAMA CITY BEACH, FL∜324		NAME B	PTS Crange Addition Flatt 600 Delwood Pk. Bivd. anama City Beach, FL 32408				
NAME FI STREET ADDRESS 43	VPS LATT, SHELLIE 325 LEGEND PLACE ANAMA CITY BEACH, FL 324	☐ Delete	NAME S STREET ADDRESS 4	VPS Change Addition hellie Flatt 600 Delwood Pk. Blvd. anama City Beach, FL 32408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
indicated on of the corpor	this report or supplemental report ration or the receiver or trustee empon an attachment with an address.	s true and accurate and that re owered to execute this report	my signature shall hav as required by Chapt	tained in Chapter 119. Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if				
3.2. 		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Dato Davime Prone ≠				

2008 FOR PROFIT CORPORATION ANNUAL REPORT:

ATTACHMENT

		AININUAL	REPURI									
DOCUMENT # P0700049276 1. Entity Name PREEMINENT CONSTRUCTION MANAGEMENT CORPORATION							•					
			NA-Way Addison									
Principal Place of Business Mailing Address												
4325 LEGEND PLACE POBOX 20125 PANAMA CITY BEACH, FL 32417 PANAMA CITY BEACH, FL			FI									
PANAMA CITY BEACH, FL 32417 PANAMA CITY BEACH, FL												
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Principal Place of Business - No P.O. Box # Mailing Address							40	$U \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O}$	303)		
4600 Delwood Pk. Blvd.							1	- (
Suite, Apt. #, etc. Suite, Apt. #, etc.					03252008	Chg-P	CR2E03	34 (12/06)				
City & State City & State Panama City Beach						4. FEI Number 20-891098	0			plied For t Applicable		
Zip		Country	Zip	Cour	untry			f Status Desired		\$8.75 Add	itional	
32408		USA						Fee Required				
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
CLATT DE	DIANI				Name							
FLATT, BRIAN 4325 LEGEND PLACE PANAMA CITY BEACH, FL 32417				Street Address (P.O. Box Number is Not Acceptable) 4600 Delwood Pk. Blvd.								
				City Panama City Beach FL Zip Code 32408								
8. The above	named entit	ty submits this statement for	or the purpose of changing	its register				, in the State of Flo	rida. Lam l	132408 amiliar with,	and accept	
	ions of regis			,		-				1	,	
SIGNATURE_	Signature, typed	or printyli name er registered agent	and lifte if applicable. (14	OTE: Registere	ed Agent signati	ure required s	when reinstating)		DATE	1271	08	
		FEE 1S \$150.00 8 Fee will be \$550.	9. Election Camp OO Trust Fund Co	-			00 May Be ad to Fees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	DPTS	•	☐ Delete	TITL	.E	DPTS	•			Change	Addition	
NAME	FLATT, BRIAN NAT			ΛE	Brian FI							
STREET ADDRESS	ř .	SEND PLACE	.=		EET ADDRESS		elwood Pk. Blvd a City Beach, Fl				1	
CITY-ST-ZIP		CITY BEACH, FL 324		— ⊢	r-ST-ZIP	- ditain						
TITLE		DVPS Delete TIT				DVP\$				Change	Addition	
NAME STREET ADDRESS	1	FLATT, SHELLIE 4325 LEGEND PLACE SI			eet address	Shellie I	Flatt elwood Pk. Bivd					
CITY-ST-ZIP		CITY BEACH, FL 324	17		r-ST-ZIP		a City Beach, Fl					
TITLE		Detecte . IIIIu								Change	☐ Addition	
NAME			فاغتمار رس	NAM								
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STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP							
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NAME				NAN								
STREET ADDRESS				- 8	EET ADDRESS							
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP	1						
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 Sullis Heat Shellie Hoth Scry 3/27/08 (850)235-6322												
	_	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	STOR .	/	-	Date		ayume Phone #	÷	