

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90357 050 ***150.00

DOCUMENT # P92000011721 1. Entity Name PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.					
Principal Place of Business 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707			Mailing Address 401 W. SEMORAN BLVD. CASSELBERRY, FL 32707 US		
2. Principal Place of Business 401 E. HWY. 436 Suite, Apt. #, etc.		3. Mailing Address 401 E. HWY. 436 Suite, Apt. #, etc.			
City & State CASSELBERRY, FL Zip Country 32707 US		City & State CASSELBERRY, FL Zip Country 32707 US		4. FEI Number 59-3170854 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RANDALL SMITH 200 N. THORNTON AVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 533 VERSAILLES DRIVE City MAITLAND FL Zip Code 32751		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D VEIGLE, JAMES 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VEIGLE, JAMES 401 E. HWY. 436 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VEIGLE, CHARLES 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VEIGLE, CHARLES 401 E. HWY. 436 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete VOGTLIN, NANCY 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VOGTLIN, NANCY 401 E. HWY. 436 CASSELBERRY, FL 32707	
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	
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 exemption stated in Section 119.07(3)(i), 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>Nancy Voegtlin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-15-04</u> <u>407-260-7003</u> <small>Date Daytime Phone #</small>		