

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000039939

1. Entity Name
PRESTIGE ASSOCIATES, INC.



Principal Place of Business
2623 MCCORMICK DR.
SUITE 101
CLEARWATER, FL 33759 US

Mailing Address
2623 MCCORMICK DR.
SUITE 101
CLEARWATER, FL 33759 US

**FILED
Feb 04, 2008 08:00 AM
Secretary of State**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3187084	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, KENNETH L
2623 MCCORMICK DR.
SUITE 101
CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME KING, KENNETH L
STREET ADDRESS 2623 MCCORMICK DR., STE. 101
CITY-ST-ZIP CLEARWATER, FL 33759

000000814684
02/13/08-80053-023 150.00

TITLE DST
NAME GRAS, JOSEPH P JR.
STREET ADDRESS 2623 MCCORMICK DR., STE. 101
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE DVP
NAME ROACH, DOUGLAS D
STREET ADDRESS 2623 MCCORMICK DR., STE. 101
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE AS
NAME KING, M. SUSAN
STREET ADDRESS 2623 MCCORMICK DR., STE. 101
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Kenneth L. King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-2008 727-796-1247
Date Daytime Phone #