


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000056834

1. Entity Name
PREMIUM TRADING COMPANY OF TAMPA BAY, INC.



Principal Place of Business Mailing Address

5939 BAYVIEW CIR **5939 BAYVIEW CIR**
GULFPORT, FL 33707 US **GULFPORT, FL 33707 US**

DO NOT WRITE IN THIS SPACE



02032005 No. Chg-P CR2E094 (10/03)

4. FEI Number **59-3197809** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECT, NEIL S
3630 W. KENNEDY BLVD.
TAMPA, FL 33605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

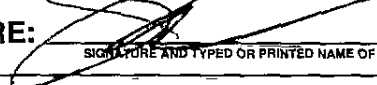
1100000216856
 02/05/05-20058-1004 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIS, JAMIE
STREET ADDRESS	5939 BAYVIEW CIR
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	D
NAME	WILLIS, GLEN
STREET ADDRESS	2239 CLIMBING IVY DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAMIE N. WILLIS, DIRECTOR** Date **2/1/05** (813)882-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone # **X223**