

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 029 ***150.00

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1. Entity Name
PREMIER SALES INCORPORATED



Principal Place of Business
**1424-73RD CIR NE
ST. PETERSBURG, FL 33702**

Mailing Address
**1424-73RD CIR NE
ST. PETERSBURG, FL 33702**

50009271



01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3195713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONEY, JOHN V
1424 73RD CIRCLE N.E.
ST. PETERSBURG, FL 33702**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MALONEY, JOHN V**
STREET ADDRESS **1424-73RD CIR NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **VP** ☐ Delete
NAME **MALONEY, EILEEN A**
STREET ADDRESS **1424-73RD CIR NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **ST** ☐ Delete
NAME **MALONEY, FRANCES A**
STREET ADDRESS **1424-73RD CIR NE**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **VP** ☐ Delete
NAME **MALONEY, JOSEPH M**
STREET ADDRESS **1424 73RD CIR NE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John V. Maloney **JOHN V. MALONEY** 1/27/05 127 522 7528
Date Daytime Phone #