


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000063535 1. Entity Name PREMIER SALES INCORPORATED |  |
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|---|---|
| Principal Place of Business 1424-73RD CIR NE ST. PETERSBURG, FL 33702 | Mailing Address 1424-73RD CIR NE ST. PETERSBURG, FL 33702 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3195713 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MALONEY, JOHN V 1424 73RD CIRCLE N.E. ST. PETERSBURG, FL 33702 |
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000379592 01/10/06-80028-014 150.00 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | P |
| NAME | MALONEY, JOHN V |
| STREET ADDRESS | 1424-73RD CIR NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 |
| TITLE | VP |
| NAME | MALONEY, EILEEN A |
| STREET ADDRESS | 1424-73RD CIR NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 |
| TITLE | ST |
| NAME | MALONEY, FRANCES A |
| STREET ADDRESS | 1424-73RD CIR NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 |
| TITLE | VP |
| NAME | MALONEY, JOSEPH M |
| STREET ADDRESS | 1424 73RD CIR NE |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33702 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: JOHN V. MALONEY Date: 1/5/06 Daytime Phone #: 727 572 9273
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR