2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P93000073560

Entity Name: PREMIER EQUIPMENT, INC.

Current Principal Place of Business:

990 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

990 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3213683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRABENAU, JOHN P
990 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRABENAU, JOHN P
Address: 18950 U S HWY 441 #217
City-St-Zip: MT DORA, FL 32757

Title: VP ( ) Delete
Name: KOHM, THOMAS
Address: 5687 BEAR STONE RUN
City-St-Zip: OVEIDO, FL 32765

Title: STD ( ) Delete
Name: HIVELY, MARGARET
Address: 721 HILLCREST AVE
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: YOUNG, ARTHUR
Address: 1705 BLACKBERRY CT
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: HIVELY, MARGARET
Address: 721 HILLCREST AVE
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET HIVELY ST 03/11/2009

Electronic Signature of Signing Officer or Director Date