

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080242

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: PREMIUM HOMES OF SW FLORIDA, INC.

**Current Principal Place of Business:**

878 109TH AVE N  
SUITE 1  
NAPLES, FL 34108 US

**New Principal Place of Business:**

878 109TH AVENUE NORTH  
SUITE #1  
NAPLES, FL 34108 US

**Current Mailing Address:**

878 109TH AVE N  
SUITE 1  
NAPLES, FL 34108 US

**New Mailing Address:**

878 109TH AVENUE NORTH  
SUITE #1  
NAPLES, FL 34108 US

FEI Number: 59-3281819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIEFER, DONALD I. P.C.P.A.  
878 109TH AVE. N. STE. #1  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

HUPP, CRAIG T C.P.A.  
878 109TH AVENUE NORTH  
SUITE #1  
NAPLES, FL 34108 US

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: CRAIG T. HUPP

04/24/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LETTL, ERICH  
Address: 878 109TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete  
Name: SCHIEFER, DONALD I  
Address: 878 109TH AVE N  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: HUPP, CRAIG T  
Address: 878 109TH AVENUE NORTH, SUITE #1  
City-St-Zip: NAPLES, FL 34108

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 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: CRAIG T. HUPP

T

04/24/2005

Electronic Signature of Signing Officer or Director

Date