## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000080242

Entity Name: PREMIUM HOMES OF SW FLORIDA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9915 TAMIAMI TRAIL NORTH 2180 IMMOKALEE ROAD

SUITE #2 SUITE 304 NAPLES, FL 34108 US NAPLES, FL 34110 U

Current Mailing Address: New Mailing Address:

9915 TAMIAMI TRAIL NORT 2180 IMMOKALEE ROAD SUITE #2 SUITE 304

NAPLES, FL 34108 US NAPLES, FL 34110 US

FEI Number: 59-3281819 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HUPP, CRAIG T C.P.A.

9915 TAMIAMI TRAIL NORTH
SUITE #2
NAPLES, FL 34108 US

LETTL, ERICH
2180 IMMOKALEE ROAD
SUITE 304
NAPLES, FL 34110 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: ERICH LETTL 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete

Name: LETTL, ERICH
Address: 9915 TAMIAMI TRAL N. STE. 2

City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete

Name: HUPP, CRAIG T

Address: 9915 TAMIAMI TRAIL N., STE. 2

City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition

Name: LETTL, ERICH

Address: 2180 IMMOKALEE ROAD #304

City-St-Zip: NAPLES, FL 34110

Title: T (X) Change () Addition

Name: STOUT, MARK

Address: 2180 IMMOKALEE ROAD #304

City-St-Zip: NAPLES, FL 34110

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: ERICH LETTL PD 04/30/2009