2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000087033

1. Entity Name

PREMIER PRODUCTIONS OF SOUTHWEST FLORIDA.



03092006

FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

4200 GULF SHORE BLVD. N. NAPLES, FL 34103 US

Mailing Address

4200 GULF SHORE BLVD. N. NAPLES, FL 34103 US



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0537984	. [Not Applicable
	*	

No Citg-P

_			4. FEI Numb	17984	Not Applicable	
			5. Certificate	of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMIAMI TRAIL N. SUITE 404 NAPLES, FL 34103				DO NOT WRITE IN THIS SPACE		
6. The above the obligations SIGNATURE	named entity submits this statement for the particular tragistered agent.		· · · · · ·	·	···	
FIL After M	Signature, typed or printed name of registered egent and title E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	PROFILE RESISTANCE APPRIL Provide Resistance Appenia Provide Resistance Appenia Provide Resistance Appenia Provide Resistance Appenia R	\$5.00 May Be Added to Fees	C/	TE	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT P LUTGERT, SCOTT	CTORS		8800 000473	2019	
TITLE NAME STREET ADDRESS CNTY-ST-ZIP	NAPLES, FL VS BAKER, RICHARD J 4200 GULF SHORE BLVD., NORTH NAPLES, FL			03/30/06-800	3008 014-014 150.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VTS GUTMAN, HOWARD B 4200 GULF SHORE BLVD., NORTH NAPLES, FL	·	DO	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11				
TITLE	1	// //			}	

12. I hereby certify that the information supplied with this indicated on this report or suppliered in a port is true of the corporation or the receiver or trusted empower changed, or on an attachment with an address, with ting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information to accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> HOWARD B. GUIMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 17,2006