

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90058 004 ***150.00

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|---|---|---|---|---|--|
| DOCUMENT # P95000043600 1. Entity Name PREMIUM PC SERVICES INC. | | | | | |
| Principal Place of Business 421 ALAFAYA WOODS BOULEVARD APT A OVIEDO, FL 32765 | | | Mailing Address 421 ALAFAYA WOODS BOULEVARD APT A OVIEDO, FL 32765 | | |
| 2. Principal Place of Business 2262 Foliage OAK Terrace Suite, Apt. #, etc. | | 3. Mailing Address 2262 Foliage OAK Terrace Suite, Apt. #, etc. | | | |
| City & State Oviedo, FL | | City & State Oviedo, FL | | 4. FEI Number 59-3318976 | |
| Zip 32766 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CASAMENTO, SCOTT J 1130 BISHOP AVE OVIEDO, FL 32765 | | | | 7. Name and Address of New Registered Agent Name Scott J Casamento Street Address (P.O. Box Number is Not Acceptable) 2262 Foliage OAK Terrace City Oviedo FL Zip Code 32766 | |
| 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 <u>Scott J Casamento</u> <u>Scott Casamento</u> <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASAMENTO, SCOTT <input type="checkbox"/> Delete 421 ALAFAYA WOODS BLVD APT A OVIEDO, FL 32765 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASAMENTO, SCOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2262 Foliage OAK Terrace Oviedo, FL 32766 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS CASAMENTO, MARGARET <input type="checkbox"/> Delete 421 ALAFAYA WOODS BLVD APT A ORLANDO, FL 32765 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS CASAMENTO, MARGARET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2262 Foliage OAK Terrace Oviedo, FL 32766 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 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: <u>Scott Casamento</u> <u>Scott Casamento</u> <u>3/28/05</u> <u>407 365 7884</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |