

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90029 022 ***150.00

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1. Entity Name

PREM ASSOCIATES, P.A.



Principal Place of Business

541 EAST MONROE STREET
ST AUGUSTINE FL 32086
US

Mailing Address

112 GENTIAN WAY
ST AUGUSTINE FL 32086
US



2. Principal Place of Business

809 GARRISON DR

Suite, Apt. #, etc.

3. Mailing Address

809 GARRISON DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ST-AUGUSTINE FL

City & State

ST-AUGUSTINE FL

4. FEI Number

59-3377937

Applied For

Not Applicable

Zip

FL-32092

Country

USA

Zip

32092

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLETCHER, DAVID R
541 EAST MONROE STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Milan Patel MILAN D. PATEL PD

3-28-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PATEL, MILAN
STREET ADDRESS 112 GENTIAN WAY
CITY-ST-ZIP ST AUGUSTINE FL

TITLE S ☐ Delete
NAME FLETCHER, DAVID R
STREET ADDRESS 541 EAST MONROE ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME PATEL MILAN
STREET ADDRESS 809 GARRISON DR
CITY-ST-ZIP ST-AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Milan Patel*

MILAN D. PATEL

3-28-06

904-230-6059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #