

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000047206

1. Entity Name
PREMIER BUILDERS, INC.



Principal Place of Business
75 VINEYARD BLVD #500
NAPLES, FL 34119 US

Mailing Address
75 VINEYARD BLVD #500
NAPLES, FL 34119 US



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ROBERT F
75 VINEYARD BLVD #500
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME PROCACCI, MICHAEL
STREET ADDRESS 75 VINEYARD BLVD #500
CITY-ST-ZIP NAPLES, FL 33999

TITLE D
NAME PROCACCI, JOSEPH
STREET ADDRESS 75 VINEYARD BLVD #500
CITY-ST-ZIP NAPLES, FL 33999

TITLE VST
NAME SAADEH, MICHEL
STREET ADDRESS 75 VINEYARD BLVD #500
CITY-ST-ZIP NAPLES, FL 33999

TITLE V
NAME ROGERS, ROBERT
STREET ADDRESS 75 VINEYARD BLVD #500
CITY-ST-ZIP NAPLES, FL 34119

TITLE ~~V~~
NAME ~~LAMBERT, DAVID J~~
STREET ADDRESS ~~75 VINEYARD BLVD #500~~
CITY-ST-ZIP ~~NAPLES, FL 34119~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000008769273
07/17/07-80007-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/7

239
353-1973