

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000101833

1. Entity Name
PREMISE, INC.



Principal Place of Business
4902 CREEKSIDE DR
STE D
CLEARWATER, FL 33762 US

Mailing Address
4902 CREEKSIDE DR
STE D
CLEARWATER, FL 33762 US



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3481607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOWELS, ROBERT G
4902 CREEKSIDE DR
SUITE D
ORLANDO, FL 32807

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
NOWELS, ROBERT G
4902 CREEKSIDE DR., SUITE D
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
JANOWIAK, JACQUELINE L
4902 CREEKSIDE DR., SUITE D
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U00000120794
04/20/04-80022-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert G Nowels 4-14-2004 727-540-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #