2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am Secretary of State DOCUMENT # P98000011877 1. Entity Name 03-26-2004 90017 005 ***150 00 PREMIER GROUP REALTY INC. Principal Place of Business Mailing Address 6800 GULF BLVD ST. PETERSBURG BEACH FL 33706 6800 GULF BLVD ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3488047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APPLE, GALE Street Address (P.O. Box Number is Not Acceptable) 1187 79TH ST S SAINT PETERSBURG FL 33707 City 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 Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition KIRBY, ELANOR P NAME NAME STREET ADDRESS 2801 66 WAY N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition JOHANNESSON, DANIEL NAME NAME STREET ADDRESS 8014 12 AVE ST STREET ADDRESS CITY-ST-7IF ST PETERSBURG FL 33707 CITY-ST-ZIP Delete TITLE TITLE Addition ☐ Change NAME APPLE, GALE NAME STREET ADDRESS 1187 79TH ST S STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL 33707 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change APPLE, NORMA T NAME NAME 1187 79TH ST S STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL 33707 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARK DE SIGNANG OFFICER OR DIRECTOR DATE Day I D

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