2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000011877

1. Entity Name



FILED 04 JUN 14 PM 1:43

PREMIER GROUP REALTY INC.					SEUNLTARY UT STATE TALLAHASSEE, FLORIDA				
6800 GULF (e of Business BLVD BURG BEACH, FL 33706	Mailing Address 6800 GULF BLVD ST. PETERSBURG BEAC				Mrc			
Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06032004	Chg-P	CR2E0	34 (10/03)		
City & Stat	e	City & State		4. FEI Number 59-3488	047			pplied For at Applicable	
Zip	Country	Zip	Country			f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	Nom	7. Name and Address of New Registered Agent Name						
APPLE, GALE 1187 79TH ST S				Street Address (P.O. Box Number is Not Acceptable)					
SAINT PE	TERSBURG, FL 33707								
	i.		City				FL	Zip Cod	е
	enamed entity submits this statemer tions of registered agent.	nt for the purpose of changing its	registered office	e or register	red agent, or both	, in the State of Flo	rida. I am i	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent si	gnature required	d when reinstating)		DATE		
Am	ended AR is \$61.25	9. Election Campa Trust Fund Cont	-		.00 May Be led to Fees				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRBY, ELANOR P 2801 66 WAY N ST PETERSBURG, FL 33710	☐ Delete	TITLE NAME STREET ADDRE	ss 253	nald L. Hu 39 Gary Ci nedin, FL	uebner ir. #306		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHANNESSON, DANIEL 8014 12 AVE ST ST PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRE	yP Jos ss 37	seph A. Pe Cherry La	ettinella ane		Change	🔯 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLE, GALE 1187 79TH ST S ST PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRE	SS			-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLE, NORMA T 1187 79TH ST S ST PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	40 0 06/16/0	00380 0401053	199 -007	□ Change 6.4 **61.25	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		1	Muly	☐ Change	Addition
NAME STREET ANDRESS	d ,	☐ Delete	TITLE NAME	ec			h 1	Change	☐ 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.

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #