
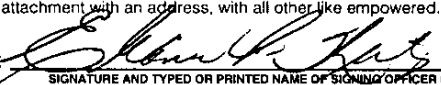


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90152 044 \*\*\*150.00

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>DOCUMENT # P98000011877</b><br>1. Entity Name<br><b>PREMIER GROUP REALTY INC.</b>  |   |   |   |   |   |
| Principal Place of Business<br><b>6800 GULF BLVD<br/>ST. PETERSBURG BEACH, FL 33706</b>   |   |   | Mailing Address<br><b>6800 GULF BLVD<br/>ST. PETERSBURG BEACH, FL 33706</b> |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |   |
| City & State  |   | City & State  |   | 4. FEI Number<br><b>59-3488047</b>   |   |
| Zip   |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>APPLE, GALE<br/>1187 79TH ST S<br/>SAINT PETERSBURG, FL 33707</b>   |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>KIRBY, ELANOR P<br>2801 66 WAY N<br>ST PETERSBURG, FL 33710         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>APPLE, PHILLIP B<br>6759 1st AVE S<br>ST PETERSBURG, FL 33707              |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>JOHANNESON, DANIEL<br>4629 PAMELA DRIVE<br>YANKEE TOWN, FL 34498   | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LOUDERBACK, FRANKLYN<br>150 2nd AVE N SUITE 840<br>ST PETERSBURG, FL 33701 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>APPLE, GALE<br>1187 79TH ST S<br>ST PETERSBURG, FL 33707             | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>FINN, MICHAEL D<br>12274 1st ST W #3A<br>TREASURE ISLAND, FL 33706         |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>APPLE, NORMA T<br>1187 79TH ST S<br>ST PETERSBURG, FL 33707          | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>APPLE, GALE<br>1187 79th ST S<br>ST PETERSBURG, FL 33707                 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>HUEBNER, RONALD L<br>2539 GARY CIR #306<br>DUNEDIN, FL 34698         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>KIRBY, ELEANOR P<br>2801 66th WAY N<br>ST PETERSBURG, FL 33710            |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>PETTINELLA, JOSEPH A<br>35 BURTS PATH<br>HOPEWELL JUNCTION, NY 12533 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | .<br><input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |  |   |
| <b>SIGNATURE:</b>  <b>April 22, 2005</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |   |   |  |   |