

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-28-2005 90001 016 ***150.00
P98000027691

DOCUMENT # P98000027691

1. Entity Name
PREMIER GROUP REFERRAL, INC.



05 JUL 22 PM 2:14

Principal Place of Business
**6800 GULF BLVD
ST. PETERSBURG, FL 33707**

Mailing Address
**6800 GULF BLVD
ST. PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE



06212005 No Chg-P CR2E034 (10/03) 05

4. FEI Number
59-3515847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**APPLE, GALE
1187 79TH ST S
ST. PETERSBURG, FL 33707**

**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 7, 2005**

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 PD
NAME APPLE, GALE J
STREET ADDRESS 1187 79TH ST S
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE D
NAME APPLE, NORMA
STREET ADDRESS 1187 79TH ST S
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE ST
NAME JOHANNESSON, DANIEL
STREET ADDRESS 8014 12TH AVE S
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE VP
NAME BROADWAY, RONALD
STREET ADDRESS 8006 12TH AVE S
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000058197680
08/03/05--01049--001 ***408.75

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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)(l), 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

6/21/05

Date

727-363-7944

Daytime Phone #