

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056219

FILED
Jan 10, 2011
Secretary of State

Entity Name: PREMIER CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

157 STEVENS AVE
OLDSMAR, FL 346772916

New Principal Place of Business:

Current Mailing Address:

PO BOX 1672
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3522474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIES, DAVID L PD
157 STEVENS AVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARIES, DAVID L PD
Address: 157 STEVENS AVE
City-St-Zip: OLDSMAR, FL 34677

Title: STD
Name: BRINLEE, JAMES D
Address: 904 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: AUGER, BRIAN A
Address: 15122 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D
Name: RICH, MATTHEW
Address: 3102 SEAN WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: O'BRIEN, EILEEN
Address: 11227 LONGBROOKE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: S
Name: MARIES, BRENDA
Address: 16304 COLWOOD DR
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA MARIES

S

01/10/2011

Electronic Signature of Signing Officer or Director

Date