2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 Al
Secretary of State

•	ANNUAL I	REPORT	المحسيصا بيتشمره			Secret	ary of St
DOCUMENT # P98000105459 1. Entity Name PREMIERE HOMES CONSTRUCTION, INC.							
Principal Place 210 FLAMIN OAK HILL, FL		Mailing Address P.O. BOX 236 OAK HILL, FL 32759					
		The state of the s	St. 13 St				
Ē	O NOT WRITE	IN THIS SPA	CE	01082008 4. FEI Number	No Chg-P	CR2E034 (11/05) Applied For
		Take		59-3546	478 f Status Desired		Not Applicable 75 Additional Required
4	6. Name and Address of Current Re		4 4 40 40	·	7 TO 1 12		.30, 10
210 FLAM	, ALFREDO B INGO ROAD , FL 32759			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT W	J. J. J.	
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						nar witti, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	4 11 15 1 1 2 2 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			m ⁴ + 1	Fe I
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRICK, JOHN JR P.O. BOX 236 OAK HILL, FL 32759				U0000 03/20/03	10848643 1-80026-1	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRICK, JOHN SR PO BOX 236 OAK HILL, FL 32759						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, ALFREDO B 210 FLAMINGO ROAD OAK HILL, FL 32759		and the second	DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

NAME Street address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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