


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 046 ***150.00

DOCUMENT # P99000049191

1. Entity Name
PREMIER HOME AND COMMERCIAL INVESTMENTS, INC.



Principal Place of Business Mailing Address
12995 S CLEVELAND AVE PBS 1 **12995 S CLEVELAND AVE PBS 1**
FORT MYERS, FL 33907 **FORT MYERS, FL 33907**

2. Principal Place of Business 3. Mailing Address
8140 College Parkway *8140 College Parkway*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 107 *Suite 107*
 City & State City & State
Ft. Myers, FL *Ft. Myers, FL*
 Zip Country Zip Country
33919 *Lee* *33919* *Lee*

90000



01132006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0930840 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LORI LANE
12995 S. CLEVELAND AVE. PBS1
FORT MYERS, FL 33907

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANE, LORI A 12995 S CLEVELAND AVE PBS1 FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <i>Lane, Lori A</i> <i>8140 College Parkway Suite 107</i> <i>Ft Myers FL 33919</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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: *Lori Lane* *1-17-06* *239-489-1589*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #