

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081110

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** PREMIER RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

12295 OAKWIND PLACE  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

12295 OAKWIND PLACE  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 59-3597215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756 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:** D  
**Name:** TREZONA, JON C  
**Address:** 12295 OAKWIND PLACE  
**City-St-Zip:** SEMINOLE, FL 33772 US

**Title:** D  
**Name:** TREZONA, BARBARA C  
**Address:** 12295 OAKWIND PLACE  
**City-St-Zip:** SEMINOLE, FL 33772

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:** JON TREZONA

PRES

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date