

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 045 ***150.00

DOCUMENT # P99000087458 1. Entity Name WINTER HAVEN PREMIER CENTER, INC.					
Principal Place of Business 3877 RECKER HWY STE 2 WINTER HAVEN, FL 33880			Mailing Address PO BOX 1103 WINTER HAVEN, FL 33882		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01102006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-3602420				Applied For 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		
KEMP, BETTY E 1173 HWY. 540 WINTER HAVEN, FL 33880			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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/T KEMP, BETTY E 1173 HWY. 540 WINTER HAVEN, FL 33882 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S TIBBETS, RONNICA L 2675 CRYSTAL BEACH ROAD WINTER HAVEN, FL 33880 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tibbets, Ronica L ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jessica K. Brower 1181 Winter Lake Road Winter Haven, FL 33880 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jessica K. Brower 1181 Winter Lake Road Winter Haven, FL 33880 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <u>Betty E. Kemp</u> <u>April 27, 2006</u> <u>863 291 3877</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					