


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000091279
 1. Entity Name
 A PREMIER EVENT, INC.



Principal Place of Business Mailing Address
 4653 B. LB MCLEAD 4501 VINELAND ROAD SUITE 111
 ORLANDO, FL 32811 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3607875	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 LAXSON, HAZEL
 325 MAGNOLIA STREET
 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

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

U00000125940
 04/23/04-80014-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAXSON, HAZEL J 4501 VINELAND ROAD SUITE 111 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAXSON, VICTOR V JR 4501 VINELAND RD #111 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAXSON, ANNE M 4501 VINELAND RD #111 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anne M. Laxson Anne M. Jf 4/21/04 407/841-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #