

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S35935

1. Entity Name

PREMIER LAND CORPORATION



Principal Place of Business
**5072 NW 80TH AVE RD
OCALA FL 34482
US**

Mailing Address
**P.O. BOX 770668
OCALA FL 34477
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3116173

Applied For

Not Applicable

5. Certificate of Status Desired

NA

\$8.75 Additional
Fee Required

NO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOEBEL, ROBERT J
5072 NW 80TH AVE RD
OCALA FL 34482**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PVST	<input type="checkbox"/> Delete
NAME	GOEBEL, ROBERT J	
STREET ADDRESS	5072 NW 80TH AVE RD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOEBEL, ROBERT J	
STREET ADDRESS	5072 NW 80TH AVE RD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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06/02/08-80036-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 904-207-7706