

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25598

FILED
Apr 20, 2008
Secretary of State

Entity Name: PREMIERE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

PEMIERE MGT SVC
11922 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 146
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: 59-3112313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROWLS, JOSEH D
11922 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPROWLS, JOSEPH D
Address: 11922 TEE TIME CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VT () Delete
Name: SPROWLS, MARIE
Address: 11922 TEE TIME CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S () Delete
Name: SPROWLS, CHRISTOPHER
Address: 11922 TEE TIME CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: YEAGER, LISAMARIE
Address: 4626 MURCROSS LN
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Change (X) Addition
Name: HOSKINS, LINSEY
Address: 4626 MURCROSS LN
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH D. SPROWLS

PRES

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date