

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25598

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PREMIERE MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

P O BOX 146  
PORT RICHEY, FL 34673 US

## New Principal Place of Business:

PREMIERE MGT SVC  
11922 TEE TIME CIRCLE  
NEW PORT RICHEY, FL 34654 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, JOSEPH D  
11922 TEE TIME CIRCLE  
NEW PORT RICHEY, FL 34654 US

## Name and Address of New Registered Agent:

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

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: JOSEPH D. SPROWLS

04/08/2009

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

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

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

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

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

04/08/2009

Electronic Signature of Signing Officer or Director

Date