## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #V71979** 1. Entity Name 07 APR 25 AM 9: 10 PREMIER CONSTRUCTION AND DEVELOPMENT, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2811-E INDUSTRIAL PLAZA 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3145835 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Behzad Ghazvini GHAZVINI, MEHRDAD Street Address (P.O. Box Number is Not Acceptable) 28 11 E Industrial Plaza 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 FL FL Tallahussee. 8. The above named entity submits this statement to be 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 agen-SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITE F Delete TITLE ☐ Change ☐ Addition GHAZVINI, MEHRDAD NAME STREET ADDRESS 6000 BOYNTON HOMESTEAD STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-7IP President, D TITLE ☐ Delete TITLE Change ☐ Addition GHAZVINI, BEHZAD NAME NAME 7516 PRESERVATION ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GHAZVINI, MEHRAN 2910 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition GHAZVINI, HOSSEIN NAME NAME 800101252 05/03/07--01005--004 STREET ADDRESS 4515 HIGH GROVE ROAD STREET ADDRESS \*\*150.00 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplomental 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 addless, with all other like empowered. changed, or on an attachment with an address SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR