

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT



<b>DOCUMENT # V71979</b> 1. Entity Name <b>PREMIER CONSTRUCTION AND DEVELOPMENT, INC.</b>	
---	---

Principal Place of Business <b>2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US</b>
---	---

FILED

08 APR -4 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

02082008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3145835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**GHAZVINI, BEHZAD  
2811 E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GHAZVINI, HOSSEIN
STREET ADDRESS	4515 HIGH GROVE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD
NAME	GHAZVINI, BEHZAD
STREET ADDRESS	7516 PRESERVATION ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GHAZVINI, MEHRAN
STREET ADDRESS	2910 ROYAL PALM WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000122273930

04/04/08--01023--023    \*\*150.00

DO NOT WRITE IN THIS SPACE

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

Date: **4/2/08**      Daytime Phone #: **850-205-5231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR