

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015832

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: PRESTO FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

425 SW PARK STREET  
OKEECHOBEE, FL 34972

## New Principal Place of Business:

400 NW PARK STREET  
OKEECHOBEE, FL 34972

## Current Mailing Address:

4527 ARNOLD AVE  
NAPLES, FL 34104

## New Mailing Address:

FEI Number: 65-0898398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, THOMAS E  
4527 ARNOLD AVE  
NAPLES, FL 34104 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: VP ( ) Delete  
Name: BRABHAM, JEFFREY R  
Address: 4527 ARNOLD AVE.  
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete  
Name: SAMS, THOMAS E  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: EGAN, KENNETH M  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BROWN, JANINE F  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SAMS, LORRAINE M  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104

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

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

Title: S ( ) Change (X) Addition  
Name: EGAN, AMANDA J  
Address: 4527 ARNOLD AVE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS E SAMS

P

02/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date