

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015832

FILED
Jan 27, 2009
Secretary of State

Entity Name: PRESTO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1000 S PARROTT AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

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, T 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, J R
Address: 4527 ARNOLD AVE.
City-St-Zip: NAPLES, FL 34104

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

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

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

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

Title: S () Delete
Name: EGAN, A J
Address: 4527 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

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: () 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: T E SAMS

Electronic Signature of Signing Officer or Director

PRES

01/27/2009

Date