

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000050405

**Entity Name:** PRESLEY & PRESLEY, P.A.

**Current Principal Place of Business:**

1045 SOUTH STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC5980586237**

**Current Mailing Address:**

1045 SOUTH STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PRESLEY, MICHAEL R ESQ  
1045 SOUTH STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PRESLEY, ROBERT M ESQ  
Address 1045 SOUTH STATE ROAD 7 STE 100  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name PRESLEY, STEVEN M ESQ  
Address 1045 SOUTH STATE ROAD 7 STE 100  
City-State-Zip: WELLINGTON FL 33414

Title TS  
Name BMP FAMILY LIMITED PARTNERSHIP  
Address 1045 SOUTH STATE ROAD 7 SUITE 100  
City-State-Zip: WELLINGTON FL 33414

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL PRESLEY**

**ATTORNEY**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date