


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 459472 1. Entity Name PREFERRED MANAGED INVESTMENTS, INC.	
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Principal Place of Business REEVES H. BYRD JR. 6110 NW 1ST PLACE SUITE D GAINESVILLE, FL 32607	Mailing Address REEVES H. BYRD JR. 6110 NW 1ST PLACE SUITE D GAINESVILLE, FL 32607
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1546679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BYRD, REEVES H 6110 NW 1ST PLACE SUITE D GAINESVILLE, FL 32607	
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000094595 03/23/04-80003-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYRD, REEVES H JR 6110 NW 1ST PLACE SUITE D GAINESVILLE, FL 32607
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: REEVES H. BYRD JR. 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 352-333-8334
Date Daytime Phone #