

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # F05000003497

1. Entity Name
PREFERRED CHOICES OF GEORGIA, INCORPORATED



Principal Place of Business
**440 LONG COVE RD
ORMOND BEACH, FL 32174**

Mailing Address
**440 LONG COVE RD
ORMOND BEACH, FL 32174**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2001689	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

**MEISENHETMER, RICHARD
440 LONG COVE RD
ORMOND BEACH, FL 32174**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000583393
01/11/07-80069-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MEISENHETMER, RICHARD 440 LONG COVE RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP MEISENHETMER, DIANE 440 LONG COVE RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

Richard Meisenhetmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

Daytime Phone #