

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H01946

1. Entity Name
PRESIDENTIAL FINANCIAL CORPORATION OF FLORIDA



Principal Place of Business
14499 N. DALE
260-S
TAMPA, FL 33618 US

Mailing Address
PRESIDENTIAL FINANCIAL CALLER SERVICE
#105100
TUCKER, GA 30085 US

FILED

04 JUN 28 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06042004 Chg-P CR2E034 (10/03)

4. FEI Number
58-1569889
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIVYER, NEIL
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOD
PAVLAS, JERRY F
CALLER SERVICE #105100
TUCKER, GA 30085 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LOVE, KENNETH
2200 NORTHLAKE PKWY
TUCKER, GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
RICHARDSON, JOHN
2200 NORTHLAKE PKWY
TUCKER, GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director
Gary Jaggard
14499 N. Dale Mabry Dr
Tampa, FL 33618 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
James P. Lehr
2300 Northlake Ctr Dr, Ste 400
Tucker, GA 30084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700039085097
07/14/04--01007--015 **70.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04 770-491-8345
Date Daytime Phone #