2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01946

City-St-Zip:

City-St-Zip:

Title:

Name: Address: TAMPA, FL 33607

LEHR, JAMES P

TUCKER, GA 30084

(X) Delete

1979LAKESIDE PARKWAY, SUITE 400

DS

FILED Apr 07, 2009 Secretary of State

Entity Name: PRESIDENTIAL FINANCIAL CORPORATION OF FLORIDA

Current Principal Place of Business: New Principal Place of Business: 3505 E. FRONTAGE ROAD 3460 PRESTON RIDGE RD. SUITE 100 SUITE 550 TAMPA, FL 33607 ALPHARETTA, GA 30005 US **New Mailing Address: Current Mailing Address:** CALLER SERVICE 105100 3460 PRESTON RIDGE RD. SUITE 550 TUCKER, GA 30085 ALPHARETTA, GA 30005 US FEI Number: 58-1569889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIVYER, NEAL A 401 E. JACKSON STREET **SUITE 2225** TAMPA, FL 33602 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD CFOD () Delete Title: (X) Change () Addition Name: MATTHESEN, TOM Name: MATTHESEN, TOM 1979 LAKESIDE PARKWAY, STE 400 3460 PRESTON RIDGE RD., SUITE 550 Address: Address: ALPHARETTA, GA 30005 City-St-Zip: TUCKER, GA 30084 City-St-Zip: Title: EVP Title: DS () Delete (X) Change () Addition Name: BROWN, JERROLD Name: LEHR, JAMES P 1979 LAKESIDE PARKWAY, STE 400 3460 PRESTON RIDGE RD, SUITE 550 Address: Address: ALPHARETTA, GA 30005 City-St-Zip: TUCKER, GA 30084 City-St-Zip: () Delete Title: Title: PD **VPD** (X) Change () Addition PARKER, MICHAEL DYAL, DAVID Name: Name: 3505 E. FRONTAGE ROAD, SUITE 100 3460 PRESTON RIDGE RD, SUITE 550 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ALPHARETTA, GA 30005

() Change () Addition

SIGNATURE: JAMES P LEHR DS 04/07/2009