

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50483

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: PREFERRED COLLECTION AND MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

1 DAVIS BLVD.  
P.O.BOX 2964  
TAMPA, FL 33601

## New Principal Place of Business:

1 DAVIS BLVD.  
703  
TAMPA, FL 33606

## Current Mailing Address:

1 DAVIS BLVD.  
P.O.BOX 2964  
TAMPA, FL 33601

## New Mailing Address:

1 DAVIS BLVD #703  
P.O.BOX 2964  
TAMPA, FL 33601

FEI Number: 59-2520795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

READ, PAUL D.  
418 MONTROSE AV  
TEMPLE TERRACE, FL 33617 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: READ, PAUL D  
Address: 418 MONTROSE AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ST ( ) Delete  
Name: READ, PRISCILLA S  
Address: 418 MONTROSE AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V ( ) Delete  
Name: GAFFORD, PAMELA R  
Address: 2208 ARBOR OAKS DR  
City-St-Zip: VALRICO, FL 33594

Title: V (X) Delete  
Name: KELLEY, DAVID M  
Address: 530 GARRARD DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GAFFORD, PAMELA R  
Address: 4115 IMPERIAL EAGLE DR  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PAUL D READ

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date