

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 07, 2008 08:00 AM
Secretary of State**

DOCUMENT # J19986

1. Entity Name
PRESIDENTIAL GROUP SOUTH, INC.



Principal Place of Business

**135 W PINEVIEW ST
ALTAMONTE SPRGS, FL 32714 US**

Mailing Address

**135 W PINEVIEW ST
ALTAMONTE SPRGS, FL 32714 US**



04022008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2733791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUADAGNINO, ANTHONY
135 W PINEVIEW ST
ALTAMONTE SPRGS, FL 32714**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000949014
06/03/08-80010-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUADAGNINO, ANTHONY
606 VICTORIA HILLS DR
DELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GUADAGNINO, NANCY
606 VICTORIA HILLS DR
DELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GUADAGNINO, NICHOLAS
606 VICTORIA HILLS DR
DELAND, FL 32724**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Guadagnino 5/1/08