


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.	
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Principal Place of Business 135 W PINEVIEW ST ALTAMONTE SPRGS, FL 32714 US	Mailing Address 135 W PINEVIEW ST ALTAMONTE SPRGS, FL 32714 US
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

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:  **5/1/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #