
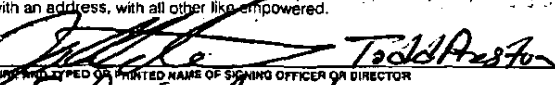


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-12-2004 90032 044 ***150.00

DOCUMENT # P03000105745 1. Entity Name PRESTON AND ASSOCIATES MANAGEMENT COMPANY, INC.																																			
Principal Place of Business 103 WOODWARD STREET DESTIN, FL 32541		Mailing Address 103 WOODWARD STREET DESTIN, FL 32541																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6310 Suite, Apt. #, etc.																																	
City & State		City & State M. Camer Beach, FL																																	
Zip 32550-6310	Country USA	4. FEI Number 20-1379463																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PLEAT, DAVID B ESQ. 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P PRESTON, BRYAN T MR. 103 WOODWARD STREET DESTIN, FL 32541 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTON, BRYAN T MR. 103 WOODWARD STREET DESTIN, FL 32541 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  Todd Preston 7/1/04 850-654-1342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

66430403



07012004 Chg-P CR2E034 (10/03)

☒ Applied For
☐ Not Applicable

FL Zip Code