

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045651

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THE PRESENTATION GROUP, INC.

## Current Principal Place of Business:

2900 E. ROBINSON STREET  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

2900 E. ROBINSON STREET  
ORLANDO, FL 32803 US

## New Mailing Address:

PO BOX 536934  
ORLANDO, FL 328536934 US

FEI Number: 59-3249956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A.G.C. CO.  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

BOUGHTER, TAMARA S  
2900 E ROBINSON STREET  
ORLANDO, FL 32803 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: TAMARA S BOUGHTER

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MEAD, LONNY A  
Address: 1832 WINDING OAKS DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: VSD ( ) Delete  
Name: WALKER, CHARLES C  
Address: 13849 BLUEBIRD POND RD.  
City-St-Zip: WINDEMERE, FL 34786

Title: VTD ( ) Delete  
Name: LOTT, JAMES E JR.  
Address: 453 KEHOE BLVD  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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.

SIGNATURE: LONNY A MEAD

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date