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FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084108 (7)

1. Corporation Name

THE PRESLEY ADVISORY, INC.

Principal Place of Business

425 17TH AVENUE, SOUTH
NAPLES FL 33940

Mailing Address

425 17TH AVENUE, SOUTH
NAPLES FL 33940

2. Principal Place of Business

21 35600 BERMONT ROAD

Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA, FL

Zip

Country

24 33982

25

2a. Mailing Address

26 35600 BERMONT RD

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA, FL

Zip

Country

29 33982

30

9. Name and Address of Current Registered Agent

PRESLEY, BRIAN
425 17TH AVENUE, SOUTH
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Brian Presley
Signature type: The Florida Secretary of State requires the signature of the registered agent to be typed on the report.

(If the Registered Agent signature is required when filing)

4/23/98
Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PRESLEY, BRIAN	
STREET ADDRESS	425 17TH AVENUE, SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

Brian Presley
Signature type: The Florida Secretary of State requires the signature of the registered agent to be typed on the report.

4/23/98
Date

CR2E034 (10/97)