

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90032 045 ***158.75

DOCUMENT # P96000004492

1. Corporation Name

PREFERRED FINANCIAL CONSULTING, INC.

Principal Place of Business

626 MARSH LANDING PKY
SUITE 164
JACKSONVILLE BEACH FL 32250
US

Mailing Address

626 MARSH LANDING PKY
SUITE 164
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

65-0654666

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET., STE 3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME O'BRIEN, MICHAEL
STREET ADDRESS 665 LAKE STONE CIR
CITY-ST-ZIP PONTE VERDA BEACH FL 32082

TITLE VS ☐ DELETE

NAME BROWN, ANNA
STREET ADDRESS 669 LAKE STONE CIR
CITY-ST-ZIP PONTE VERDA BEACH FL 32082

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

1.1 TITLE VT ☒ Change ☐ Addition

1.2 NAME O'Brien, Michael
1.3 STREET ADDRESS 665 Lake Stone Circle
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

2.1 TITLE PS ☒ Change ☐ Addition

2.2 NAME Brown, Anna
2.3 STREET ADDRESS 669 Lake Stone Circle
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna Brown, March 1, 1999 (904) 285-8900

Date

Daytime Phone #

CR2E034 (1/98)

0041634