

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 10, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P97000044730**

1. Entity Name  
**PRESIDENTIAL APARTMENTS & HOUSING, INC.**



Principal Place of Business  
**2033 MAIN ST., STE. 101  
SUITE 600  
SARASOTA, FL 34237**

Mailing Address  
**200 W MAIN ST  
SUITE 600  
BABYON, NY 11702 US**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0756020** ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PFLUGNER, J. GEOFFREY  
2033 MAIN ST., STE. 101  
SUITE 600  
SARASOTA, FL 34237**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CASSATA, FRANK 200 W. MAIN ST. BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COLEMAN, ROBERT 200 W MAIN STREET BABYLON, NY 11102
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1000000162381  
05/10/04-00002-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Robert Coleman 6/10/04*