

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90017 025 ***150.00

DOCUMENT # P97000096470

1. Entity Name
PREFERRED MANAGING AGENCY, INC.



Principal Place of Business
**2255 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309**

Mailing Address
**P.O. BOX 15339
TALLAHASSEE, FL 32317**

40018776



02122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3480242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KARLINSKY, FRED E ESQ.
COLODNY, FASS & TALENFELD, P.A.
2000 W. COMMERCIAL BLVD., SUITE 232
FT. LAUDERDALE, FL 33309**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAGANELLA, JAMES ☐ Delete
STREET ADDRESS 9984 BUCK POINT RD.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE STD
NAME MARTIN, KEITH ☐ Delete
STREET ADDRESS 6337 GLASGOW DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME PATTERSON, JAMES A ☐ Delete
STREET ADDRESS 560 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME DIERUF, THOMAS A ☐ Delete
STREET ADDRESS 4013 WHITE BLOSSOM ESTATES
CITY-ST-ZIP LOUISVILLE, KY 40241

TITLE D
NAME PATTERSON, JAMES A II ☐ Delete
STREET ADDRESS 615 WILLOWHURST PLACE
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2514 MILLSTONE PLANTATION ROAD
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

KEITH MARTIN

2/14/05

Date

850.521.0742

Daytime Phone #