

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90015 043 ***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**

50001908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

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, 2006 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 ☐ Delete
NAME GRAGANELLA, JAMES
STREET ADDRESS 2514 MILLSTONE PLANTATION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

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

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

TITLE D ☐ Delete
NAME PATTERSON, JAMES A II
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 Director ☐ Change ☒ Addition
NAME Alan Joseph Baker
STREET ADDRESS 1310 17th Avenue South
CITY-ST-ZIP Brookings, SD 57006

TITLE Director ☐ Change ☒ Addition
NAME Donald Darks Buchanan
STREET ADDRESS 2223 Wynnewood Circle
CITY-ST-ZIP Louisville, KY 40222

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

03/09/06
Date

850.521.0742
Daytime Phone #