

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90001 003 ***150.00

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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

40032324



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SUNDBERG, WILLIAM L ESQ.
SUNDBERG & HESSMAN, P.A.
107 WEST 5TH AVENUE
TALLAHASSEE, FL 32303

**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, 2007 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
STREET ADDRESS 2514 MILLSTONE PLANTATION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

TITLE D
NAME BAKER, ALAN J
STREET ADDRESS 1310 17TH AVE SOUTH
CITY-ST-ZIP BROOKINGS, SD 57006

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

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

TITLE D
NAME BUCHANAN, DONALD D
STREET ADDRESS 2223 WYNNEWOOD CIR
CITY-ST-ZIP LOUISVILLE, KY 40222

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IN THIS SPACE**

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

2/6/07
Date

850.521.0742
Daytime Phone #