2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000096470

PREFERRED MANAGING AGENCY, INC.



Principal Place of Business

2255 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32309

Mailing Address

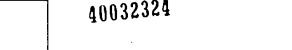
P.O. BOX 15339

TALLAHASSEE, FL 32317

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

03-09-2007 90001 003 ***150.00

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No 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 Reg	alstered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both, in th	e State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Paristand	Agent signature	required when reinstating)	DATE	
	Signature, typed or printed harre or registered agent and title in	applicacie. (NOTE, Neglislata	ngoni signature	required when remsizing)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAGANELLA, JAMES 2514 MILLSTONE PLANTATION ROA TALLAHASSEE, FL 32312	D				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	STD MARTIN, KEITH 6337 GLASGOW DR. TALLAHASSEE, FL 32312	i				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ALAN J 1310 17TH AVE SOUTH BROOKINGS, SD 57006			DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIERUF, THOMAS A 4013 WHITE BLOSSOM ESTATES LOUISVILLE, KY 40241			IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A II 615 WILLOWHURST PLACE LOUISVILLE, KY 40223					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, DONALD D 2223 WYNNEWOOD CIR LOUISVILLE, KY 40222					

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.

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الولرس SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEIN MARN

850.521,0742

Daytime Phone #