

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096470

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** PREFERRED MANAGING AGENCY, INC.

**Current Principal Place of Business:**

2255 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15339  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 59-3480242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GRAGANELLA, JAMES  
**Address:** 2514 MILLSTONE PLANTATION ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** STD  
**Name:** MARTIN, KEITH  
**Address:** 6337 GLASGOW DR.  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** D  
**Name:** BAKER, ALAN J  
**Address:** 1310 17TH AVE SOUTH  
**City-St-Zip:** BROOKINGS, SD 57006

**Title:** D  
**Name:** DIERUF, THOMAS A  
**Address:** 4013 WHITE BLOSSOM ESTATES  
**City-St-Zip:** LOUISVILLE, KY 40241

**Title:** D  
**Name:** PATTERSON, JAMES A II  
**Address:** 615 WILLOWHURST PLACE  
**City-St-Zip:** LOUISVILLE, KY 40223

**Title:** D  
**Name:** BUCHANAN, DONALD D  
**Address:** 2223 WYNNEWOOD CIR  
**City-St-Zip:** LOUISVILLE, KY 40222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES GRAGANELLA

PD

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date