

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000122261

**Entity Name:** PREFERRED GOVERNMENTAL CLAIM SOLUTIONS, INC.**Current Principal Place of Business:**220 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114**Current Mailing Address:**220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US**FEI Number:** 20-1565528**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title            PRESIDENT & DIRECTOR  
Name            BOONE, SAM R. JR.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            LANNI, JAMES  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            WATTS, ANDREW R.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VICE PRESIDENT & SECRETARY  
Name            LLOYD, ROBERT W.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            ROBINSON, ANTHONY M.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            TREASURER  
Name            CALDERON, JENNIFER  
Address        220 S RIDGEWOOD AVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title            ASSISTANT SECRETARY  
Name            ROBINSON, ANTHONY M.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

*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: ANDREW R. WATTS****VICE PRESIDENT****04/22/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date