


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90023 042 ***558.75

DOCUMENT # F96000002841 1. Entity Name PREFERRED MAIN GATE WEST, INC.					
Principal Place of Business ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business 2950 REEDY CREEK BLVD Suite, Apt. #, etc.		3. Mailing Address 2950 REEDY CREEK BLVD Suite, Apt. #, etc.			
City & State KISSIMMEE FL		City & State KISSIMMEE FL		4. FEI Number 93-1209221	
Zip 34747		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID J. WIENER, P.A. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name JOE LONGO Street Address (P.O. Box Number is Not Acceptable) 2950 REEDY CREEK BLVD City KISSIMMEE FL Zip Code 34747	
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: <u><i>Joe Longo</i></u> JOE LONGO CORPORATE CONTROLLER 8/16/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		550.00 + 8.75 = \$558.75	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSOY, A. DAVID <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		TITLE- NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT B MCPHAIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 606 CALLE EMBOCADURA SAN CLEMENTE CA 92673	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRESTON, JOHN W.S. <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN A SINKIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 105 WEST WOODLAWN SAN ANTONIO TX 78212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSOY, BRIAN D <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, ROBERT S <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHREEVE, DAVID J <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Grant B McPhail</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			GRANT B MCPHAIL 8/16/04 949-369-9722 <small>Date Daytime Phone #</small>		

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08112004 Chg-P CR2E034 (10/03)