


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-23-2004 90023 043 ***558.75

DOCUMENT # F96000002842	
1. Entity Name PREFERRED RESORT MAIN GATE, INC.	

Principal Place of Business 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	Mailing Address 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
--	--

2. Principal Place of Business 2950 REEDY CREEK BLVD	3. Mailing Address 2950 REEDY CREEK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34747	Zip 34747
Country USA	Country USA

63001000



08112004 Chg-P CR2E034 (10/03)

4. FEI Number 93-1209220	Applied For <input type="checkbox"/> Not Applicable
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. 1 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 *Joe Longo* **JOE LONGO CORPORATE CONTROLLER** **8/16/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT B McPHAIL 606 CALLE EMBOCADURA SAN CLEMENTE CA 92673 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRESTON, JOHN W.S. 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN A SINKIN 105 WEST WOODLAWN SAN ANTONIO TX 78212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSOY, BRIAN D 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	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 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	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 1 NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	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: *Grant B McPhail* **GRANT B McPHAIL** **8/16/04** **949-369-9722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #