


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-23-2004 90023 045 ***558.75

DOCUMENT # F96000002844

1. Entity Name
PREFERRED INTERNATIONAL DRIVE, 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**

24081006

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

3. Mailing Address
2950 REEDY CREEK BLVD
 Suite, Apt. #, etc.



08112004 Chg-P CR2E034 (10/03)

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

Zip
34747

Country
USA

Zip
34747

Country
USA

4. FEI Number
93-1209223

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. **\$5.00** May Be Added to Fees

550.00 + 8.75 = \$ 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSOY, A. DAVID ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSOY, BRIAN D ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, ROBERT S ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHRREEVE, DAVID J ONE 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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 STEVEN A SINKIN 105 WEST WOODBLAWN SAN ANTONIO TX 78212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 #