2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 16, 2007_08:			
DOCUMENT # F9700000832 1. Entity Name THE PREFERRED COMPANIES					- ;	Secre	tary of S
1300 VIRGINIA DRIVE 1 STE 315 S		Asiling Address 1300 Virginia Drive STE 315 FT Washington, pa 19034					
				01052007	No Chg-P	CR2E034	
Ð	O NOT WRITE I	N THIS SPA	GE	4. FEI Numbe			Applied For Not Applicable
					of Status Desired		8.75 Additional
	6. Name and Address of Current Reg	Istered Agent		l Tara és da de environ		— F6	ee Required
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				IN 1	NOT W THIS SP	ACE	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	red office or register	red agent, or bot	h, in the State of Flo		miliar with, and accept
0.0	Signature, typed or printed name of registered agent and to	tle if applicable. (NOTE: Registeri	ed Agent signature required	d when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	1100000 -04/24/07	9705820 -80068-1	012 50.00
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEW, RICHARD L 706 KNOX ROAD VILLANOVA, PA 19085						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PACK, RONALD E 404 BALTIMORE STREET GETTYSBURG, PA 17325						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEHR, RICHARD M 4028 EVERGREEN ROAD ALLENTOWN, PA 18104		DO	NOT W	RITE		
TITLE NAME	V ROSETTI, DENISE			IN T	fhis sf	ACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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:

CITY-ST-ZIP

CITY-ST-ZIP

NAME S<u>t</u>reet address

NAME STREET ADDRESS CITY-ST-ZIP NORRISTOWN, PA 19403

1959 PINEHURST ROAD

BETHLEHEM, PA 18018

KOCH, ROBERT S

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215 659 6 20 0 Deytime Phone #

× 11306