

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000000832

1. Entity Name
THE PREFERRED COMPANIES



Principal Place of Business
**1300 VIRGINIA DRIVE
STE 315
FT WASHINGTON, PA 19034**

Mailing Address
**1300 VIRGINIA DRIVE
STE 315
FT WASHINGTON, PA 19034**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2339319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MATTHEW, RICHARD L
STREET ADDRESS	706 KNOX ROAD
CITY-ST-ZIP	VILLANOVA, PA 19085
TITLE	C
NAME	PACK, RONALD E
STREET ADDRESS	404 BALTIMORE STREET
CITY-ST-ZIP	GETTYSBURG, PA 17325
TITLE	P
NAME	WEHR, RICHARD M
STREET ADDRESS	4026 EVERGREEN ROAD
CITY-ST-ZIP	ALLENTOWN, PA 18104
TITLE	V
NAME	ROSETTI, DENISE
STREET ADDRESS	78 N WHITEHALL ROAD
CITY-ST-ZIP	NORRISTOWN, PA 19403
TITLE	T
NAME	KOCH, ROBERT S
STREET ADDRESS	1959 PINEHURST ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	V
NAME	Crowner Matthew
STREET ADDRESS	265 Longstreet Drive
CITY-ST-ZIP	Gettysburg PA 17325

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06/02/08-80055-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 215 6396208